THE STATE OF AGING

IN MONTANA 2006

THE ROLE OF SENIOR CENTERS

EXECUTIVE SUMMARY

Beginning in the mid 1990's, the Senior and Long Term Care Division of the Montana Department of Public Health and Human Services (DPHHS) began looking into the affects that aging population trends have on Montana and its senior population. In March 1999, DPHHS produced the first **State of Aging in Montana.** The report looked at how state government viewed the impending aging demographic trends. The 1999 Montana Legislature subsequently passed House Bill No. 275, amending Section 52-3-101 of the Montana Code, and requiring DPHHS to produce a biennial report, with annual updates, on statewide and community issues related to aging.

Subsequent State of Aging reports have examined the impact of aging on local governments and local aging programs and how they are planning to meet future aging needs; the impact of health care work force shortages on people's ability to receive care through community-based services; informal caregiving; and the economic factors affecting the provision of aging services over the last 10 years.

This year marks the first year that the baby boom generation turns 60 years old, making them eligible for Older Americans Act (OAA) services through the Aging Network. In less than two years from now, the first of the baby boomer will be eligible for Social Security. Three years after that, baby boomers will be covered by Medicare. Aging is no longer an issue of the future. The only thing that will change is the magnitude of the issue. By 2025, Montana is projected to have the third highest percentage of people over the age of 65 in the nation. Thus, it is imperative that we continue to strengthen our current aging programs so we have a sound foundation as we venture into the future.

This year's report focuses on the vital role that Montana's senior centers play in helping Montana's elderly population remain healthy, active and living independently in their homes and communities. The report looks at the evolution of senior centers over the years, the current state of centers and the future issues and prospects for senior centers. There are many interesting and innovative efforts occurring at local senior centers as they deliver a wide range of community long term care services to seniors. There are also many challenges that senior centers face as they deliver aging services.

OVERVIEW OF MONTANA'S SENIOR CENTERS

Senior centers have been the backbone of the Aging Network for 30 years. They have historically had a "can do" attitude: they have found a way to deliver needed services in spite of funding limitations. Senior centers have become the first and the foremost source of vital community-based social and nutritional supports that help seniors remain independent in their communities.[1] This is especially true in

rural and frontier areas of Montana, where senior centers often may be the sole human services provider in their communities. However, senior centers are now at a crossroads. They are facing a number of issues that could alter their ability to meet current and future needs.

The two major challenges facing senior centers are manpower issues and financial issues. Senior centers have been operated to a large extent by committed volunteers who first established centers, then developed an array of services provided through the centers. This is especially true in frontier and rural centers. There simply were not enough funds available to centers to be able to afford hiring staff. If things were going to get done, members had to pitch in and get them done. However, many of these volunteers are now aging and unable to provide the time and effort necessary to maintain center services. Many centers are struggling to attract the next generation of seniors to their centers. And just over the horizon lurks the baby boom generation - the largest population cohort of the last century. Their participation, or lack of participation, will be a key element in the continued success of senior centers.

On the financial side, senior centers are increasingly being caught in a financial bind. Center operating expenses have been escalating, especially over the last five years. At the same time, state and federal funding has been relatively static for at least the last decade. Local funding has been increasing to help pick up the slack. However, it will be difficult for a single source to continue to meet shortfalls in revenues. As a result, an increasing number of senior centers have had to make tough decisions: increase voluntary contribution rates for services, reduce or limit services, reduce or eliminate staff, use reserve funds and/or defer maintenance and upkeep on centers and equipment.

HISTORICAL DEVELOPMENT OF SENIOR CENTERS

The first thing people usually associate senior centers with is their meal programs. While these essential programs are the hallmark of the Aging Network and senior centers, centers have developed a wide array of in-home, educational, social and health promotion, prevention and education services over the last 20-30 years. These services include: personal care, homemaker, home chore, congregate and home delivered meals, transportation and medical transportation, advocacy services (legal assistance and Ombudsman services), information and assistance, health insurance assistance and counseling, skilled nursing, health screening, fitness and exercise programs, and social and activities programming.

The Older Americans Act of 1965 and subsequent amendments to the Act are largely responsible for shaping today's senior centers. The Act has provided a conceptual foundation and specific funding for senior centers and the services they offer. These two factors led to the increase in the number of senior centers starting in the late 1960's and early 1970s. In Montana, the majority of senior centers can trace their inception and development to these two factors.

Over the years, successive amendments to the OAA have expanded and refined the scope of senior center operations. These amendments have tried to identify and promote components of service to make senior centers more viable and relevant organizations. In the early days, senior centers concentrated on providing nutrition and social/recreation programming. Starting with the concept of the mutlipurpose senior center as a focal point

for senior services in local communities emphasizing health promotion and intergenerational activities, today's senior centers have evolved into organizations that offer a more comprehensive range of nutritional, health and social services.

SENIOR CENTER MEAL PROGRAMS

The importance of meal programs to senior centers has not diminished over the years. Over the past 30 years, a conservative estimate for the total number of in-home and congregate meals that Montana's Aging Network has served would be at least 40 million. Just over the last 12 years, the Network has served 21.5 million meals. An overwhelming number of these meals have been served by senior centers, making meal programs the bedrock of senior center programming.

From an economic standpoint, meal programs generate more income in the form of voluntary participant contributions than any other aging service. Meal programs serve more people than any other aging service. They are the most recognizable programs offered through senior centers and in the Aging Network. They are also a gateway to other services offered through senior centers. Finally, they are a crucial element in helping older people remain independent in their homes and communities.

Adequate nutrition is critical to health, functioning, and quality of life for people of all ages. For elderly people, nutrition can be especially important, because of their vulnerability to health problems and physical and cognitive impairments. Nutrition services help to ensure that older people achieve and maintain optimal nutritional status. The available scientific evidence also suggests that maintaining nutritional well-being in older people helps them mitigate existing health problems, manage chronic conditions, prevent complications associated with acute and chronic disease, and extend the period of healthy living.[2]

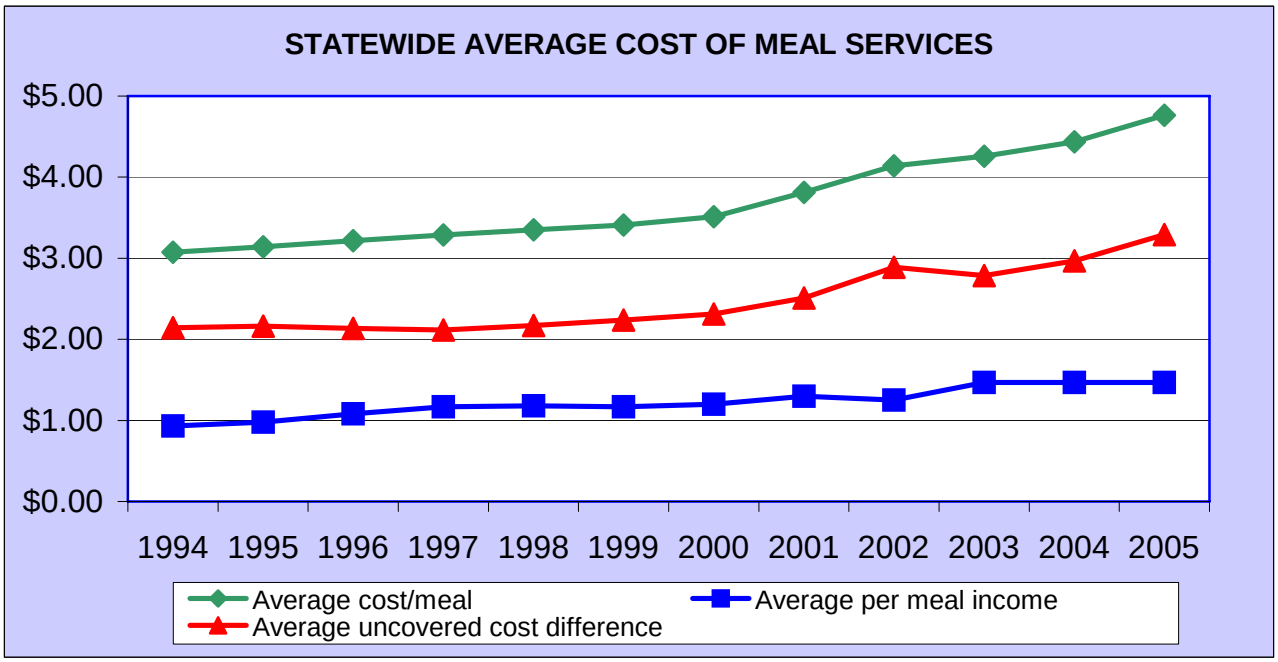
The following are some specific services and benefits participants are receiving through the nutrition services operated by senior centers and the Aging Network:

- In addition to meals, the Aging Network also provides nutrition screening and assessment and nutrition education. These services help older participants to identify their general and special nutrition needs, as they may relate to health concerns such as hypertension and diabetes.
- The Commodity Supplemental Food Program (CSFP) provides food to low-income seniors with an income up to 130 percent of poverty (or about $1,000 for a single person). The program provides 30 pounds of food per month to supplement the diet of participants. The CSFP currently serves about 7200 people in Montana; 98 percent of them are seniors.
- The Senior Farmers Market Nutrition Program is another USDA program that provides food to low-income seniors with incomes up to 180 percent of poverty (or about $1500 for a single person). Currently the program is serving about 2500 people through eight market sites around Montana.
- Congregate meal programs provide an opportunity for people to get out and interact with others, thus reducing the social isolation of older Americans.
- Volunteers who deliver meals to older persons who are homebound are encouraged to spend some time with the elderly. The volunteers also offer an important opportunity to check on the welfare of homebound elders and are encouraged to report any health or other problems that they may note during their visits.

- In addition to providing nutrition and nutrition-related services, the meal programs provide an important link to other needed supportive in-home and community-based services such as homemaker-home health aide services, transportation, fitness programs, and even home repair and home modification programs. [3]

In the 1960's and 1970's, Older Americans Act funding was responsible for starting most meal programs. They were the main funding source of most fledgling programs. They also set the parameters for delivering services. As meals programs have grown over the years, federal dollars have become just one of the sources for meals funding. Increasingly meal programs are being supplemented with other funding, especially local funding. Montana's current expenditures for senior meal programs exceed $8 million dollars. The actual number of meals served has been relatively constant. Contributions from participants are about $2.8 million dollars.

Meal programs across the state, however, are coming under increasing financial pressures. After a relatively static seven year period, participant contribution rates for meal services have been gradually increasing over the last five years. At the same time, overall meal costs have been increasing, and have accelerated over the last five years. Thus, the gap between expenditures and income has increased considerably. From 1995 to 2000 the ratio between expenses and income for meal programs increased by about 7 percent. The increase from 2000 to 2005 was 42 percent.



The economics of meal programs are complicated by federal regulations. The Older Americans Act mandates the meal programs use the voluntary contribution system for both congregate and home delivered meals programs. This is to ensure that seniors in need of a meal are able to receive one, regardless of their financial situation. Centers cannot use any means testing or sliding fee scales to fund meal programs. Thus, meals programs have little financial flexibility to generate additional needed income.

As a result of these fiscal constraints, meal programs have taken a number of different approaches to address shortfalls. Many centers have raised the voluntary contribution rate they request from participants to increase revenues. The suggested donation rate for most centers is currently between $3.00 and $3.50. Many centers are leery of raising their rates too high for fear that it will be a disincentive for seniors to participate. Other centers have reduced services or reduced hours of staff to make ends meet. Still others are supplementing meal program funding with other center funds.

KEY ISSUES FACING SENIOR CENTERS

The following are some of the common issues facing senior centers.

- Funding for senior center activities and programs has been relatively static over the last 10 years. The cost of utilities, gas, food and operations keeps going up. As a result of this financial crunch, many centers have had to make cuts or reduce services, tighten up on requirements for service, or use savings to pay for services.
- Attracting new, younger clients to replace older participants who are no longer able to actively attend and participate in center activities. Many centers are modifying programming or getting into new areas of service to attract a new clientele.
- Many centers are in older buildings that are not well insulated and not energy efficient, resulting in high utility bills
- Many centers are in old building that are unappealing and do not project a positive image, which can be a deterrent to attracting new clients.
- Many of these same older buildings require more maintenance and upkeep.
- Starting up a new center is very difficult. Since funding comes out of one pot of money, it means that funds currently going to existing centers get reduced to provide funding to develop the new center.

FINANCIAL ISSUES FACING SENIOR CENTERS

Because of how the Older Americans Act was developed, senior centers and other Aging Network providers have some unique limitations placed on them that inhibit their ability to generate income from the services they provide. When the Act was initially developed, federal lawmakers were concerned that establishing income eligibility guidelines would be a barrier for seniors using aging services. Seniors at that time had an aversion to participating in what they perceived as “welfare programs.” Thus, the Act specifically prohibited any means testing of participants.

Instead, the Act required that any aging service using federal funding must follow federal requirements regarding how participants are charged for a service. Each service provider may develop a suggested contribution schedule for services provided. In developing a contribution schedule, the provider must consider the income ranges of older persons in the community and the provider's other sources of income. Service providers have to provide each participant with an opportunity to voluntarily contribute to the cost of the service based on what the participant is able to pay. For a few services, the Act prohibits the use of suggested donations. These include ombudsman, information and assistance, legal and outreach services. Until recently, the voluntary participant contribution system has been the main method of generating project income under the Act.

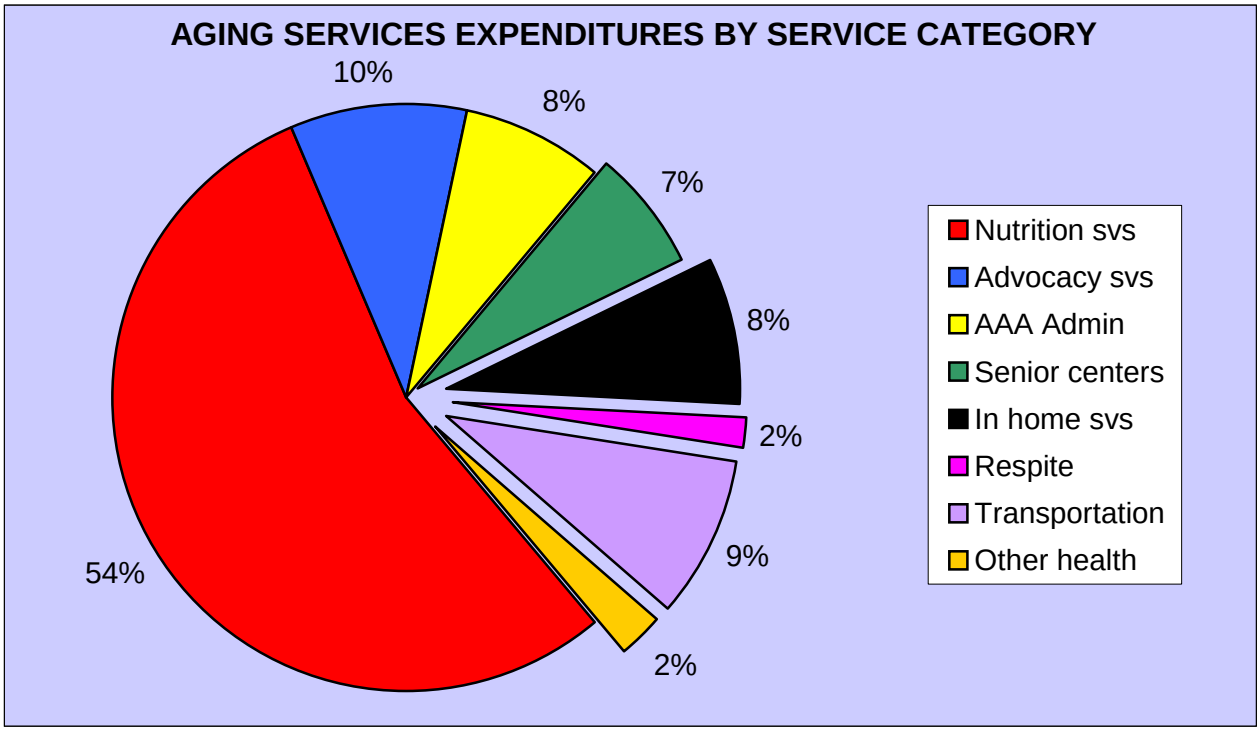
Because of the importance of meal programs in helping participants to remain healthy and living in the community, meal programs are mandated to use the suggested

donation/voluntary contribution system. The advantage of the voluntary contribution system is that it encourages participation by a more diverse group of seniors in center services. Center services aren't just for low-income people. The disadvantage of the system is that it limits flexibility for centers to generate additional income, especially from meal services, which are centers' largest programs. The only way centers can raise more income from meal programs is to either raise suggested donations and/or to educate participants on the economic realities regarding meals programs.

The 2000 Reauthorization of the Act introduced the possibility of cost sharing as a way of charging participants for services and at the same time generating income for a specific set of services. The Act still prohibits using cost sharing for meal programs, ombudsman, information and assistance, legal and outreach services. To date, there has been relatively little use of this option in Montana (or nationwide). Three counties in western Montana implemented cost sharing for homemaker and respite services within the last 2 years. The State received an Alzheimer's demonstration grant in 2005, in part to develop and implement cost sharing approaches for respite services.

Thus, under the current regulations, senior centers and other aging providers can only set specific fees for a limited number of services they provide. These include homemaker, home chore, respite and adult day care, transportation, skilled nursing, center social and recreational programming, health prevention and health screening services. These services represent only about 20 percent of the total state aging budget.

The chart below shows the percentage of the aging services budget spent on different categories of services. The pie chart pieces that are exploded represent those services where there are no restrictions on what can be charged for the service. Home delivered meal costs are not included in in-home services, since they are required to use the voluntary participant contribution system.



Only about 7 percent of total funding is designated for senior center expenses. These funds must pay operational expenses (such as staff costs, building maintenance, utilities, etc.) as well as for programming expenses. The portion of the funds that goes to providing center programming could possibly generate income. Centers could charge usage fees for programs such as computer, ceramics, or travel programs, for usage of the centers by community groups, or for other income generating services, like catering. Most centers charge a fee for usage of the center, if they own the building. Only a few charge program fees, with the exception for travel programs.

Between 2001 and 2005, project income represented between 21 and 23 percent of the total resources for aging services. The vast majority of this comes from participant contributions. In 2005, total project income was about $3.5 million. Over the same period, between 80 and 82 percent of all project income came from meal programs. Project income represents about 33 percent of the revenues for both congregate and home delivered meals. Other services range between 1 percent and 16 percent.

Given the fiscal constraints senior centers face, senior centers have become very adept at developing of fundraising activities. These range from bake sales, special dinners and dances, garage sales, raffles, auctions, second hand stores, and craft sales. Many centers also charge a general membership fee as a way of generating income.

The Aging Network has tried a number of different strategies to raise funds to address the funding limitations placed on them by federal requirements. In 2004, the Montana Association of Area Agencies (M4A) on Aging developed an Endowment Fund. Interest from the funds will go to support aging services. In 2005, M4A developed a specialty license plate for aging services (Montana Treasures). Revenues from these plates provide funds to the local county aging programs and the Area Agency. Both programs are still in their infancy at this point. The Aging Network has introduced legislation during the last two legislative sessions (2003 and 2005) to establish and fund an Aging Trust Fund. The Trust Fund would have provided funding for current aging services and future funding for when baby boomers start using aging services.

SENIOR CENTER SURVEY RESULTS

In 2005 the Aging Services Bureau/Senior and Long Term Care Services Division surveyed 162 senior centers for this report to develop a statewide profile of senior centers and to determine what other issues they confronted. A total of 91 centers responded.

Senior centers have experienced substantial increases in utility, food, and gas costs as well as rising operational, personnel and insurance costs over the last 3 years. As a result, a substantial number of senior centers (42 percent) have made reductions in some aspect of their service or operation. The following table outlines the most common reductions centers have taken over the last three years.

TYPE OF REDUCTION	# OF CENTERS EXPERIENCING REDUCTIONS
Reduced scope of services, hours of operation	12 (13%)
Reduced hours of staff	15 (16%)
Laid off staff	10 (11%)
Deferred maintenance or other projects	22 (24%)
Eliminated programs/services	5 (8%)

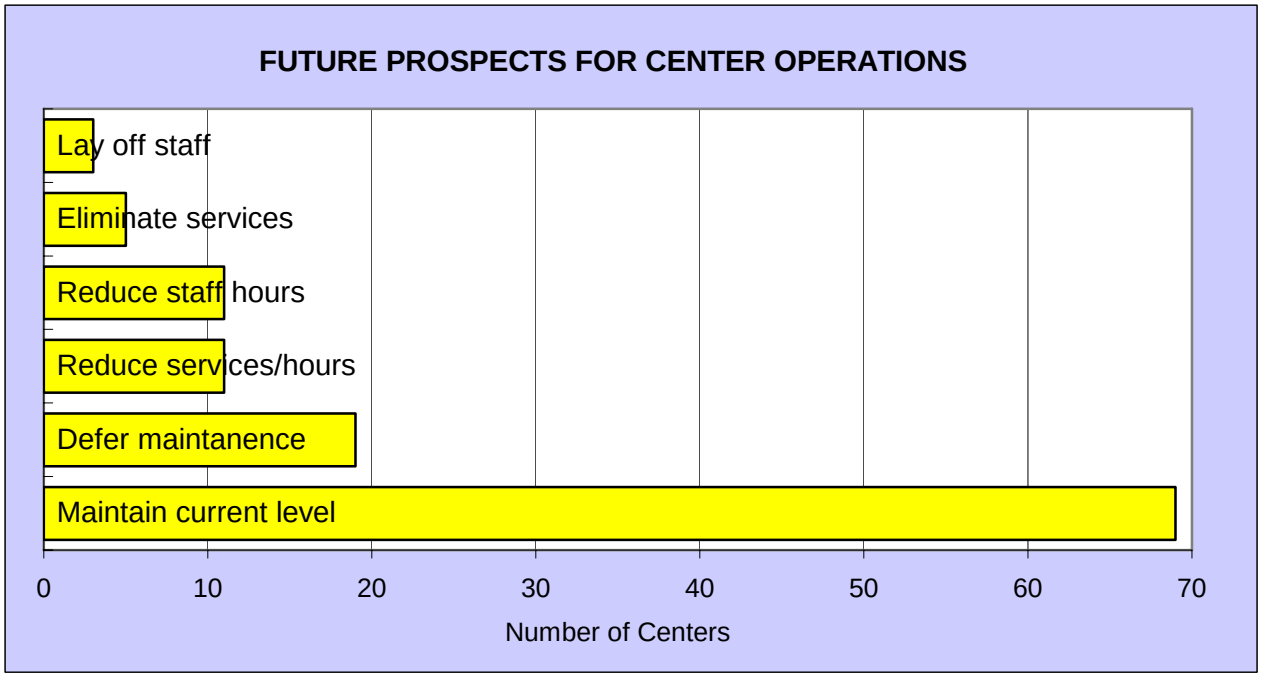
Some centers have had to make reductions in more than one area.

- 38 senior centers are experiencing 1 of these issues - 42%
- 12 senior centers are experiencing 2 of these issues - 13%
- 4 senior centers are experiencing 3 of these issues - 5%
- 2 senior centers are experiencing 4 of these issues - 2%

Based on their current budgets, senior centers were asked to project what future financial decisions they will face in the next three years. Most senior centers felt that they could maintain their current levels of service based on their current level of funding. However, some of those indicating they could maintain current levels of service also indicated they would have to take other actions, such as deferring maintenance, reducing services or hours of operation, reducing staff hours, laying off staff or eliminating services.

Thirteen centers felt that because of fiscal constraints, they will have to make some changes in their operations over the next three years.

- 13 sites are looking at making reductions in 1 area
- 4 sites are looking at making reduction in 2 areas
- 5 sites are looking at making reduction in 3 areas
- 2 sites are looking at making reductions in 4 areas
- 1 site is looking at making reductions in all five areas



Finally, centers were asked to assess what they felt were their long-term viability prospects over the next 3-5 years. On a positive note, 31 centers felt that they were growing and would continue to do so in the future. Almost half of the centers (46) reported that they would be operating at about the same level as currently, though some of these centers also indicated that they were struggling and need some assistance to stay open. Only four centers indicated they were in jeopardy of closing in the next 3-5 years.

FUTURE TRENDS FOR SENIOR CENTERS

What will tomorrow's senior center look like? What types of services will centers need to offer to attract the next generation of seniors? What will centers need to do to ensure they can remain an economically viable service provider? Where will they find the manpower (especially volunteers) to provide needed services?

One issue senior centers won't have to contend with is a lack of potential customers. Between 2002 and 2030, the nation's 65 and over population will more than double, from 35.6 million to 71.5 million, which will mean that almost one in five people will be 65 or older.[4] In Montana, the 65 and over population will go from 125,000 in 2002 to about 270,000 by 2030, which will mean that one in every four Montanans will be 65 or older. Instead, the dilemma facing senior centers will be trying to meet multiple expectations: meeting the needs of an increasing number of frail elderly, providing services to active seniors and developing strategies and services to attract the growing number of baby boomers.

In addition to funding woes, space issues, etc., questions remain as to how centers can attract young seniors who can provide leadership and volunteer services while at the same time responding to the needs of frequent users, who are increasingly frail. It has also been suggested that the baby boom generation will not view old age in the same way as previous generations. The young-old of the future will more likely be in the 65-70 age category as many boomers will work into their 70s. This is evident by the fact that some 4 million Americans over the age of 65 are now seeking work to keep pace with the rise in health care costs and to replenish retirement nest eggs. The challenge of attracting seniors in their 50s and 60s will be even more difficult in the future, especially given the current image and lack of creative programming found in some senior centers. [5]

Centers must be "Vital Aging" centers that provide services and programming designed to enhance the capacity of all participants, foster personal growth, and meet the health screening and health education as well as "wellness" needs of participants.[6]

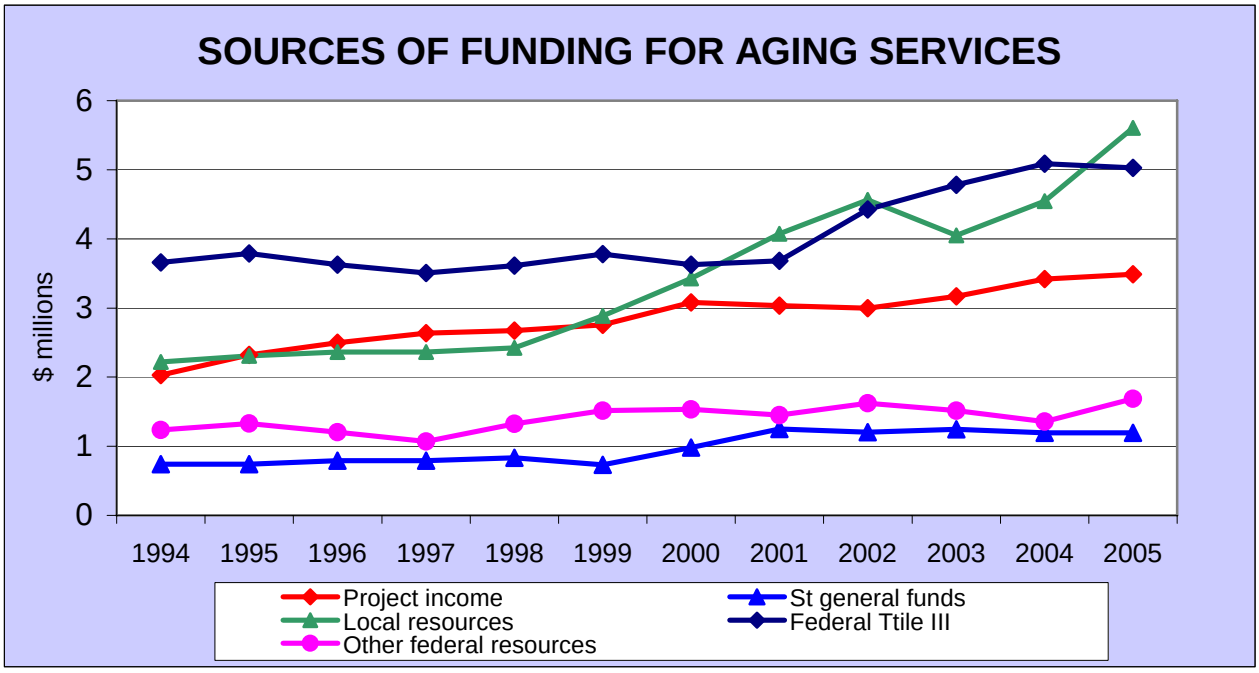
Centers are becoming more aware of what centers of the future will need to be: multi-purpose centers, providing a wide range of programs for young, old, frail, active, retired and working seniors. They are adding fitness programs, exercise programs and equipment, preventive health programs, health screenings, travel opportunities and computer rooms. Many senior centers are offering retirement planning seminars that often include developing new skills for part-time employment. Additionally, some are offering programs to introduce new ways to improve health status, reduce health disparities, increase economic security, decrease caregiver stress, and increase the independence of older persons.[7] They are also offering a greater selection of intergenerational activities that ties them in with other age groups in the community. Others are actively collaborating with other community organizations such as universities to offer educational and recreational opportunities that seniors want.

Senior center programs and operations must also adapt to the changing, more active life styles of today's (and tomorrow's) older adults. Such adaptation might involve extending evening and weekend center hours and programming; greater sensitivity to cultural preferences for mid-to-late afternoon main meals rather than strict adherence to noontime offerings; and an elective approach to program and activities planning, allowing more

choices for those who prefer a more elective participation rather than spending all day at the center.

Fiscal issues will also play a major role in the viability of centers in the future. The financial situation for each senior center is unique. The mix of funding sources, size of budgets, and type of local funds available to centers varies significantly from center to center. Funding sources have been changing over the last decade.

The chart below shows federal, state and local funding trends over the last twelve years. With the exception of local funding of aging services, most funding sources have been relatively static or have shown only modest increases.



The following are some general conclusions to be drawn about aging services funding, each with important implications for senior centers of the future.

- Some senior centers rely heavily on limited sources for funds. Over reliance on just a few sources leaves centers vulnerable to political changes. Centers need to work to diversify their funding base as much as possible.[8]
- Reliance on state and federal dollars has been gradually decreasing. While most senior centers receive Older Americans Act funds, this funding stream has been relatively stagnant in the last twelve years, with the exception of advent of National Family Caregiver Support funding in 2001. State funding has been static with the exception of the provider rate increase and wage funding the Aging Network received during the 1999 biennium.
- The majority of senior centers receive some local funding. Local money for senior centers is critical and demonstrates the commitment communities have made to senior centers. The amount of local funding has steadily increased over the last twelve years. It has shown the greatest amount of increase of any funding source over that period. Local funding currently represents the largest single source of funding for aging services statewide. A critical question for the future will be how

much additional support will local funding resources be able to contribute to the operation of their local senior centers.

- Twenty five percent of centers reported they receive some of their funding from local levies. Funding from these levies is usually designated for general center operations. Some funding is targeted to specific services, usually to transportation.
- Project income has steadily increased over the twelve year period. Some of this increase can be attributed to increases in suggested client donations to keep up with increased operating costs. Also, some of the participants are realizing that without financial support, service levels could decrease or cease all together.

These overall financial trends point to the need to establish a stable statewide income source for aging services and senior centers to meet current and future needs. Before each legislative session, aging programs from around the state get together for an Aging Legislative Summit. Groups represented at the summits include the Montana Association of Area Agencies on Aging, the Governor's Advisory Council on Aging, AARP, the Montana Senior Citizens Association, local aging providers and retirement groups. Past summits have been concerned about having senior programs competing with children's programs and human services programs competing with education. One of the summit recommendations has been to pursue some form of statewide funding for aging services.

SUMMARY

Senior centers are at a crossroads. They are faced with a number of issues that could affect their future viability. These include: being able to meet the future demand for services, especially in-home services for their more vulnerable homebound clients; modifying their image and services to attract younger participants, like baby boomers; maintaining their volunteer base so they can continue to provide services; and addressing mounting financial pressures.

Centers are seeing their current participants age in place and need more intensive in-home services to remain independent and in their homes. However, as these participants become more homebound and stop coming to centers, centers will need to attract the next generation of participants. This is no simple task, since the successive age groups have a very different set of perceptions of aging and what it mean to grow old than do the current centers participants. These age groups also have different perceptions of senior centers and senior services. However, the question for centers is, will these age groups modify their perceptions as they reach their 70's and 80's or will centers need to change their service delivery model to attract the baby boom seniors?

As the graying of America continues, changes in attitudes and policies toward aging will be necessary. Inherent in the aging of America is the absolute need for people to grow old with the highest levels of health, vitality and independence. For this to occur, the concept of health and well-being as it relates to the older segment of the population must include the ability to function effectively in society, to exercise self-reliance, and to achieve a high quality of life. Social policy related to the delivery of health care can no longer be construed in the traditional manner of medical care or illness management. Preventive programs common in senior centers will serve to empower the elderly and provide a key element in managing the tremendous demand of baby boomers on our health care system.

This holistic framework of caring for the aging must be the senior center model for the 21st century.[9]

Senior centers of the 21st century have the potential to bring together a broad and varied program of services and activities that enable older persons to develop and maintain health-promoting activities.[10] Senior centers, like all others in the service delivery business, need to adjust their enterprises with new and improved methods and systems to address the issues (such as time, comfort, and access) embraced by the baby boomers. They must also adapt and refine their services to meet the needs of tomorrow's older generations.

Finally, senior centers must develop a more stable, secure funding base. Over the last five years, local funding has shared a disproportional burden in meeting the increasing cost of providing aging services. It is doubtful that this trend can continue. Additional statewide funds sources need to be developed to ensure the long-term viability of the State's senior centers. The 1994 Legislative Council report on aging concluded that: "Given the present federal fiscal situation, it is logical to conclude that the bulk of the burden of providing additional or increased elder services will most likely fall on the state." This conclusion is just as relevant today for senior centers and the rest of the aging services delivery system as it was twelve years ago.

The full 2006 State of Aging in Montana report and this Executive Summary are available by contacting the Aging Services Bureau/SLTC at 1-800-332-2272 or online at: http://www.dphhs.mt.gov/sltc/aboutsltc/whatsnew/index.shtml

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The State of Aging in Montana

2006

Montana's Senior Centers

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To: Fellow Montanans

The Senior and Long Term Care Division of the Montana Department of Public Health and Human Services is pleased and proud to present its annual report on "The State of Aging in Montana." This is the seventh in a series of annual reports, mandated by the state legislature, that identifies the changing needs of Montana's aging population and the role that government plays in meeting those needs.

This year, the first wave of Baby Boomers turns 60 years old, making them eligible for services provided through the Older Americans Act and the state aging network. In less than two years, they will be eligible for Social Security. Three years later, they will be eligible for Medicare. By 2030, Montana is expected to have the third highest percentage of people over the age of 65 in the nation.

Obviously, the magnitude of aging issues will grow substantially in coming years. Thus, it is imperative that we continue to strengthen our existing aging programs so that we have a strong foundation on which to build for the future.

This year's report focuses on the vital role that senior centers play in helping elderly Montanans to remain healthy, active, and independent in their homes and communities. The report highlights interesting and innovative efforts occurring at local senior centers, and it identifies challenges senior centers face as they deliver aging services.

The message of "The State of Aging in Montana" report continues to be that we need to prepare now for dramatic demographic changes and the challenges they will bring. We cannot afford to ignore these challenges, as individuals or as a society. Our future holds many problems to solve, but it also holds much to celebrate and anticipate.

We hope that this report is useful and illuminating.

Sincerely,

Kelly Williams, Administrator
Senior and Long Term Care Division

THE STATE OF AGING IN MONTANA
2006

MONTANA'S SENIOR CENTERS

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Liberty County Senior Center, Chester
Chinook Senior Center, Chinook
Choteau Senior Citizens Center, Choteau
McCone County Senior Center, Circle

North Valley Senior Center Inc., Columbia Falls
Conrad Senior Center, Conrad
Culbertson Senior Center, Culbertson
Junction City Senior Center, Custer
Parkview CenterInc., Cut Bank
Silver Tops Senior Citizens of Darby, Darby
Powell County Senior Center, Deer Lodge
Dixon Senior Center, Dixon
Dutton Senior Center, Dutton
Carter County Senior Center, Ekalaka
Elmo Tribal Meal Site, Elmo
Tobacco Valley Senior Citizens Center, Eureka
Fairfield Drop In Center, Fairfield
Forsyth Senior Center, Forsyth
Golden Age Center, Fort Benton
Froid Senior Center, Froid
Fromberg Valley Senior Center, Fromberg
Glendive Senior Citizens Center, Glendive
Great Falls Senior Center, Great Falls
Hamilton Senior Center, Hamilton
Wheatland County Senior Center, Harlowton
North Central Senior Center, Havre
Heart Butte Senior Center, Heart Butte
Helena Senior Center, Helena
Highwood Senior Center, Highwood
Hinsdale Senior Center, Hinsdale
Hot Springs Tribal Meal Site, Hot Springs
Treasure County Community Center, Hysham
Joliet XYZers, Joliet
Garfield County Senior Center, Jordan
Fox Lake Senior Center, Lambert
Northern Cheyenne Tribal Elders Program, Lame Deer
Lavina Senior Center, Lavina
Fergus County Council on Aging, Lewistown
Lincoln Senior Center, Lincoln
Melstone Senior Center/Community Center, Melstone
Moore Meal Site, Moore
Monarch/Neihart Senior Center, Neihart
Noxon Senior Center, Noxon
Park City Senior Center, Park City
Polson Tribal Meal Site, Polson
Polson Senior Citizens Center, Polson
Hollowtop Senior Center, Pony
Reed Point Schools Meal Site, Reed Point
Ronan Tribal Meal Site, Ronan
Mission Valley Senior Citizens Center, Ronan

Musselshell County Council on Aging, Roundup
Ryegate Senior Center, Ryegate
Saco Senior Center, Saco
Savage Senior Center, Savage
Shelby Senior Center, Shelby
Sheridan Senior Center, Sheridan
St Ignatius Tribal Meal Site, St Ignatius
St Regis Senior Citizens Center, St Regis
Judith Basin Senior Center, Stanford
Stevensville Senior Center, Stevensville
Centerville Senior Center, Stockett
Superior Senior Citizens Center, Superior
Prairie County Senior Center, Terry
Thompson Falls Senior Center, Thompson Falls
Three Rivers Senior Center, Three Forks
Kootenai Senior Center, Troy
Valier Senior Center, Valier
Victor Senior Center, Victor
West Yellowstone Senior Center, West Yellowstone
Shields Valley Senior Center, Wilsall
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Wolf Point Senior Center/Roosevelt County Council on Aging, Wolf Point
Meagher County Senior Center, White Sulphur Springs

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THE STATE OF AGING REPORT 2006 OVERVIEW

Over the last 20-30 years, the State has developed a growing continuum of long-term care services. The continuum of services ranges from institutional care (like nursing homes and assisted living facilities) to home and community based services (like personal care, home health services, hospice, homemaker, home chore, congregate and home delivered meals programs, transportation, health promotion programs, etc.) The Senior and Long Term Care Division of the Department of Public Health and Human Services was formed to coordinate the delivery of this array of long-term care services.

The primary goal of home and community based services is to maintain quality of life, preserve individual dignity, satisfy preferences in lifestyle and keep people as independent as possible in their homes and community for as long as possible. The Aging Network in Montana is an essential component in the long-term care continuum, providing a diverse range of services targeted to individuals who are 60 years of age or older. These services include: personal care, homemaker, home chore, congregate and home delivered meals, adult day care, case management, transportation and medical transportation, advocacy services (legal assistance and ombudsman services), information and assistance, health insurance assistance and counseling, skilled nursing, health screening, fitness and exercise programs, and senior center services. Members of the Aging Network include: Area Agencies on Aging, County Councils on Aging, senior centers and other contractors. As the state's population continues to age, long-term care services provided by the Aging Network will become increasingly important in meeting this primary goal.

Because of their preeminent role in delivering services in the Aging Network and the substantial hurdles they are currently facing, the 2006 State of Aging Report will focus on senior centers. The first thing people usually associate senior centers with is their meal programs. While these essential programs are the hallmark of the Aging Network and senior center services, centers have developed a wide array of in-home, educational, social and health promotion, prevention and education services. However, senior centers are now at a crossroads. They are facing a number of issues that could alter their ability to meet current and future needs. This Report will look at the evolution of senior centers over the years, the current state of centers and the future issues and prospects for senior centers.

Senior centers have been the backbone of the Aging Network for 30 years. They have historically had a "can do" attitude: they have found a way to deliver needed services in spite of funding limitations. Senior centers have become the first and the foremost source of vital community-based social and nutritional supports that help seniors remain independent in their communities.[1] This is especially true in rural and frontier areas of

Montana, where senior centers often may be the sole human services provider in their communities.

The two major challenges facing senior centers are manpower issues and financial issues. Senior centers have been operated to a large extent by committed volunteers who first established centers, then developed an array of services provided through the centers. However, many of these volunteers are now aging and unable to provide the time and effort necessary to maintain center services. Many centers are struggling to attract the next generation of seniors to their centers. And just over the horizon lurks the baby boom generation - the largest population cohort of the last century. Their participation, or lack of participation, will be a key element in the continued success of senior centers.

On the financial side, senior centers are increasingly caught in a financial bind. Center operating expenses have been escalating, especially over the last five years. At the same time, state and federal funding has been relatively static for at least the last decade. Local funding has been increasing to help pick up the slack. However, it will be difficult for a single source to continue to meet shortfalls in revenues. As a result, an increasing number of senior centers have had to make tough decisions: increase voluntary contribution rates for services, reduce or limit services, reduce or eliminate staff, use reserve funds and/or defer maintenance and upkeep on centers and equipment.

WHAT IS A SENIOR CENTER?

A common stereotype of senior centers is a place where old people go to eat and play bingo. In reality, there is a wide range of models of senior centers - each as unique as the community that they serve. Here are several of ways to classify centers.

ADMINISTRATION ON AGING DEFINITION

Senior centers function as meal sites, screening clinics, recreational centers, older worker employment agencies, volunteer coordinating centers, and community meeting halls. The significance of senior centers cannot be underestimated for they provide a sense of belonging, offer the opportunity to meet old acquaintances and make new friends, and encourage individuals to pursue activities of personal interest and involvement in the community.

MULTI-PURPOSE SENIOR CENTER

The Older Americans Act defines a "multi-purpose senior center" as a community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals. (OAA Sec. 3002. Definitions)

SENIOR CENTERS AS FOCAL POINTS

Since the Older Americans Act defines a focal point as a "facility" established to encourage the maximum co-location and coordination of services for older individuals, special consideration shall be given to developing and/or designating multi-purpose senior centers as community focal points on aging. (OAA Subpart C Sec. 1321.53)

SENIOR CENTERS VERSUS MEAL SITES

While senior centers offer an array of services, meal sites usually offer only a meal. In areas where it is not economically or physically feasible to provide meals, Area Agencies and County Councils on Aging contract with a number of groups to provide or host a meal: restaurants, churches, nursing homes, schools, housing complexes or fraternal organization sites. Such arrangements can limit the provision of other traditional center services such as social or recreational services. Other Area Agencies or County Councils provide meals through vouchers that can be used at a variety of eating establishments.

PARTICIPATING VERSUS NON PARTICIPATING SENIOR CENTERS

Some senior centers choose to forego Older Americans Act funding and the requirements that accompany them and operate independently. They may or may not receive local funds to provide services. Without OAA funds they may not be able to provide many services beyond congregate meal, social and recreational services. Since they serve seniors, the Aging Network tries to include them in educational activities. Examples of such centers are in Miles City, Missoula, Dixon, and Dillon.

WHAT'S IN A NAME - MISSION IMPOSSIBLE?

When it comes to image and perception, an organization's name speaks volumes. Senior centers face a number of dilemmas in this area: does the current name perpetuate a potentially negative stereotype and thus, discourage participation by seniors, both younger and older? How do you let people know your mission or target population if you don't advertise it in your name? Can offering a diverse program of services overcome this issue, especially in smaller communities, or is the association with "elderly programs" too great to overcome?

Many contend that the current image of senior centers may be a deterrent to attracting the next generation of center users: the baby boomers. And attracting them will be a key to the continued viability of senior centers. The common perception is that centers are for dependent "old people" who have little to contribute, are in need of services, have limited interest in learning and growing and who do unappealing activities. It is not uncommon to hear seniors in their 70's and 80's have the same perception: senior centers are for "old people." There is a perceived sense of dependency that those in their 70' and 80's do not want to be identified with.

In a 2005 survey of 244 senior center directors conducted by the National Institute for Senior Centers, it seems many of today's senior center directors aren't happy with what they've got either. When asked if they were in favor of changing the "senior center" name of their program, 63 percent said yes. Nearly 60 percent said they don't believe the term "senior center" will serve their community well into the future. Seventy percent said baby boomers can't relate to the term "senior center." [2]

The title "senior center" doesn't usually adequately reflect the high activity level found in most centers. It makes it difficult to market centers to younger seniors, others said. Yet, some directors pointed out that a common name helps people find the center in their community. "It clearly identifies the facility as a place where seniors go for services and activities … changing it would cause confusion," one respondent said. "Seniors would fight it," added another. "Younger people are the ones that have the problem, not older people."

Finally, more than 70 percent of respondents said it is possible to come up with a better name than "senior center."[3] To date, however, there has been no consensus on a specific direction or theme to use – or to be able to market. Nor has there been any research into any outcomes from changing the name of senior centers.

An article by Charles Schewe on marketing to elders emphasizes that proper positioning is a key to attracting older consumers. "Savvy marketers bypass direct reference to age and age-related problems in their marketing; instead they create subtle associations to underlying consumption problems." He points out that even the word "retired' has the social connotations of "doing nothing productive," and is offensive to many mature adults.[4]

As they continue to evolve, senior centers will need to continually define and redefine their mission, identify their target population and the needs of the target population. Centers also must contend with having their feet in two worlds: meeting the needs of their current participants and at the same time looking to attract the next generation of users, which may vary greatly from the current participants.

E**XAMPLES OF SOME CURRENT NAMES FOR SENIOR CENTERS IN MONTANA**

The following is a sampling of names that some senior centers in Montana have adopted that specifically do not include “senior center” in their name.

Hospitality House (Big Timber)

Fairfield Drop In Center

Kevin Depot Center

Hysham Community Center

Joliet XYZers

Power Whistle Stop

Community Center (Westby)

Belt Golden Agers

Fort Benton Golden Age Society

Golden Years Club (Plentywood)

Parkview Center, Inc (Cut Bank)

THE EVOLUTION OF SENIOR CENTERS

There is no standard definition or census of the number and types of senior centers in the United States. Estimates of the number of senior centers range from 10,000 to 16,000. Many of these are funded entirely by local non-profit organizations and governments, while others are supported with funds raised by national charitable, voluntary, and religious organizations such as the YMCA, United Way and Catholic Charities. Over 6,000 centers receive some funding support from the Older Americans Act (OAA) through service contracts for program activities awarded by state and area agencies on aging.[5] The vast majority of senior centers in Montana receive some federal funding from the OAA.

Senior centers serve close to 10 million older adults annually.[6] In Montana, between 35,000 and 40,000 seniors receive at least one service through the Aging Network annually. The vast majority of these services are delivered through senior centers.

HISTORY OF SENIOR CENTERS

Clubs for older adults have existed since the 1800s. Today's senior center traces its roots to 1943 with the Hodson Center in New York City. The senior center focused on meeting the needs of low-income elders and nutrition and recreation were two of the primary services offered.[7]

The Older Americans Act of 1965 and subsequent amendments to the Act are largely responsible for shaping today's senior centers. The Act has provided a conceptual foundation and specific funding for senior centers and the services they offer. These two factors led to the increase in the number of senior centers starting in the late 1960's and early 1970s. In Montana, the majority of senior centers can trace their inception and development to these two factors.

Over the years, successive amendments to the OAA have expanded and refined the scope of senior center operations. These amendments have tried to identify and promote components of service to make senior centers more viable and relevant organizations. In the early days, senior centers concentrated on providing nutrition and social and recreation programming. Starting with the concept of the multi-purpose senior center as a focal point for senior services in local communities emphasizing health promotion and intergenerational activities, today's senior centers have evolved into organizations that offer a more comprehensive range of nutritional, health and social services.

The following table traces the history of the Older Americans Act as it relates to the development of senior centers. *Montana specific information is italicized*.

SENIOR CENTER EVOLUTION UNDER THE OLDER AMERICANS ACT[8]

1965 Older Americans Act (OAA) signed into law on July 14, 1965. The OAA identified senior centers as the primary organization for service delivery to older adults. Congress also establishes Medicare and Medicaid with the passage of Title XVIII and Title XIX of the Social Security Act.

State Units on Aging are created as required by the Older Americans Act to coordinate aging services within states.

The Montana Committee on the Problems of the Aging created in December by an act of the State Legislature to administer Title III provisions of the OAA, although no State Monies are officially appropriated to fund the Committee for the coming year.[9]

1967 *Montana Committee on Problems of the Aging changed to Montana Commission on Aging, but continues to operate essentially as an independent agency reporting directly to the Governor. Commission awards about $86,000 to the two existing Title III projects and four new projects; a nutrition site demonstration project funded by the Model Cities program is established in Helena.*

1968 *Just over $98,000 in Title III funds are awarded by the Montana Commission on Aging to projects in the State: funding emphasis is on the development of Senior Centers*

1970 *State legislature passes H.B. 81 introduced by Bill Christiansen authorizing "permissive mill levy" to allow counties and/or cities to levy up to one mill for use in matching Federal dollars for programs funded by the OAA, as amended.[10]*

1971 White House Conference on Aging recommends the establishment of a multi-purpose senior center in every community. Conference also produces significant increases in programs under the Older Americans Act and increases in expenditures (appropriations grow nearly ninefold, from $28 million to $250 million, during the next three years).

1972 A new Title VII is created under the Older Americans Act authorizing funds for a national nutrition program for the elderly. Nutrition programs will become the foundation of senior center programming.

Nutrition program funds used for a nutrition site demonstration project in Helena. Congregate nutrition sites are established in Anaconda, Billings, Great Falls, and Havre.

1973 Older Americans Act Comprehensive Services Amendments established Area Agencies on Aging. The amendments added a new Title V, which authorized grants to local community agencies for multi-purpose senior centers, and created the Community Service Employment grant program for low-income persons age 55 and older, administered by the Department of Labor.

Many senior centers were established in Montana with the availability of OAA funding for meal programs and senior centers. By the end of the year, there is at least one senior center in each county in Montana, and 23 County Councils on Aging have been established.

Many centers also took advantage of the availability of Green Thumb workers to help staff centers and get them off the ground.

1974 Title XX of the Social Security Amendments authorized grants to states for social services. These programs included protective services, homemaker services, transportation services, adult day care services, training for employment, information and referral, nutrition assistance, and health support.

Older Americans Act amendments added transportation under Title III model projects. *The availability of transportation funds was instrumental in the development of senior centers in Montana. They facilitated the development of meal programs and enhanced the ability of people to remain in the community.*

1975 Older Americans Act Amendments authorized grants under Title III to Indian tribal organizations. Transportation, home care, legal services, and home renovation/repair were mandated as priority services

1976 First federal dollars were allocated to develop or renovate senior center buildings

1977 Older Americans Act Amendments required changes in Title VII nutrition program, primarily related to the availability of surplus commodities through the Department of Agriculture.

The availability of commodities became an important factor for senior centers to provide low cost meals to participants. The majority of senior centers took advantage of the availability of these commodities.

1978 Older Americans Act Amendments consolidated the Title III Area Agency on Aging administration and social services, the Title VII nutrition services, and the Title V multi-purpose senior centers, into a new Title III and added a new Title VI for grants to Indian Tribal Organizations. The old Title V became the Community Service Employment grant program for low-income persons, age 55 and older (created under the 1978 amendments as Title IX).

1978 Older American Act adds focal points. This emphasized senior centers as centralized service centers that offered a variety of programs and information. *Currently, 85% of all senior centers in Montana are designated as focal points*.

1981 Older Americans Act reauthorized; emphasized supportive services to help older persons remain independent in the community.

1987 Reauthorization of the Older Americans Act added six additional distinct authorization of appropriations for services: in-home services for the frail elderly; health education and promotion; prevention of elder abuse, neglect, and exploitation long-term care ombudsman; assistance for special needs; and outreach activities for persons who may be eligible for benefits under supplemental security income (SSI), Medicaid, and food stamps. Additional emphasis was given to serving those in the greatest economic and social need, including low-income minorities.

Funds for in-home services and health education promotion resulted in the majority of senior centers adding these services.

1992 Reauthorization of the Older Americans Act places increased focus on caregivers, intergenerational programs, and protection of elder rights.

Senior centers begin to develop more formal intergenerational programming.

1994 *The Legislative Council completes a report that examines inefficiencies in the provision of services to the elderly by state government agencies and makes recommendations concerning possible legislation to address and alleviate future problems. The report concluded that "problems associated with the aged can realistically only be expected to grow in the foreseeable future, proportionate to the expanding aging population. If funding continues at the present level or decreases, a corresponding reduction in the number of elders served or a reduction in programs will result. Given the present federal fiscal situation, it is logical to conclude that the bulk of the burden of providing additional or increased elder services will most likely fall on the state."*

1999 *The Legislature funds a provider rate increase to Aging Services for the first and only time. It also provides wage increase funds for Aging Network workers including senior center personnel.*

2000 Older Americans Act Amendments of 2000 establishing the new National Family Caregiver Support Program, and reauthorizing the OAA for 5 years on November 13, 2000.

As a result of this funding, respite services increased. Some of these programs are run by senior centers. Additionally, information and assistance programs were also bolstered throughout the Aging Network.

NUTRITION SERVICES AT SENIOR CENTERS

"If the Older Americans Act Nutrition Program was a restaurant, the sign out front would say, 'Six billion served.' For 30 years, this program not only has provided nutritious, healthy meals to older Americans, but also has touched their lives by linking them to community services that allow them to remain independent."

US DHHS Secretary Tommy G. Thompson [11]

Over the past 30 years, a conservative estimate for the total number of in-home and congregate meals that Montana's Aging Network has served would be at least 40 million. Just over the last 12 years, the Network has served 21.5 million meals. An overwhelming number of these meals have been served by senior centers, making meal programs the bedrock of senior center programming.

The importance of meal programs to senior centers has not diminished over the years. From an economic standpoint, meal programs generate more income in the form of voluntary participant contributions than any other aging service. Meal programs serve more people than any other aging service. They are the most recognizable programs offered through senior centers and in the Aging Network. They are also a gateway to other services offered through senior centers. Finally, they are a crucial element in helping older people remain independent in their homes and communities.

With the aging of the U.S. population, increased attention is being given to delivering health and related services to older persons in the community. Adequate nutrition is critical to health, functioning, and quality of life for people of all ages. For elderly people, nutrition can be especially important, because of their vulnerability to health problems and physical and cognitive impairments. Nutrition services help to ensure that older people achieve and maintain optimal nutritional status. The available scientific evidence also suggests that maintaining nutritional well-being in older people helps them mitigate existing health problems, manage chronic conditions, prevent complications associated with acute and chronic disease, and extend the period of healthy living.[12]

The following are some specific services and benefits participants are receiving through the nutrition services operated by senior centers and the Aging Network:

- In addition to meals, the Aging Network also provides nutrition screening and nutrition education. These services help older participants to identify their general and special nutrition needs, as they may relate to health concerns such as hypertension and diabetes.
- The Commodity Supplemental Food Program (CSFP) provides food to low-income seniors with an income up to 130 percent of poverty (or about $1000 per month for a single person in 2006). The program provides 30 pounds of food per month to supplement the diet of participants. Many senior centers receive the bulk deliveries of CSFP food, box them up in individual boxes and then provide them to seniors or deliver it to homebound seniors.

- The CSFP currently serves about 7200 people in Montana; 98 percent of them are seniors. This represents about one third of those who could participate if additional slots were open. In 2006, the program is slated for a 9% reduction. The CSFP has been left out of the 2007 Presidential budget. Thus, the future of this important program is up in the air at this time.
- The Senior Farmers Market Nutrition Program is another USDA program that provides food to low-income seniors with incomes up to 180 percent of poverty (or about $1500 per month for a single person in 2006). Currently the program is serving about 2500 people through eight market sites around Montana. Participants receive $20-40 in coupons to buy fresh vegetables and fruit grown in Montana. The program is operated by senior centers, area agencies or food banks. These organizations receive no administrative funding to run the program.
- Congregate meal programs provide an opportunity for people to get out and interact with others, thus reducing the social isolation of older Americans.
- Volunteers who deliver meals to older persons who are homebound are encouraged to spend some time with the elderly. The volunteers also offer an important opportunity to check on the welfare of homebound elders and are encouraged to report any health or other problems that they may note during their visits.
- In addition to providing nutrition and nutrition-related services, the meal programs provide an important link to other needed supportive in-home and community-based services such as homemaker-home health aide services, transportation, fitness programs, and even home repair and home modification programs. [13]

Meals served though nutrition programs must provide at least one-third of the recommended dietary allowances established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, as well as the Dietary Guidelines for Americans, issued by the Secretaries of Departments of Health.[14]

A 1996 study of Older Americans Act funded meal programs found the following nutritional benefits to participants:

- People who participate in meal programs have higher daily intakes of key nutrients than similar non-participants.
- More than a third of home delivered participants save part of the program meal to eat as a second meal, part of a second meal, or a snack. Twelve percent of congregate participants take either an additional full meal or a snack home from the congregate meal site for later consumption.
- Meal program participants have more social contacts per month than similar non-participants.
- Seventy percent of congregate meal participants stay at the meal site and participate in recreational activities at the meal site.
- Forty five percent of congregate meal participants have been receiving congregate meals for more than five years. Only about 10 percent of home delivered meal participants have received home delivered meals for this long.
- Most participants are satisfied with the services the meal programs provide.

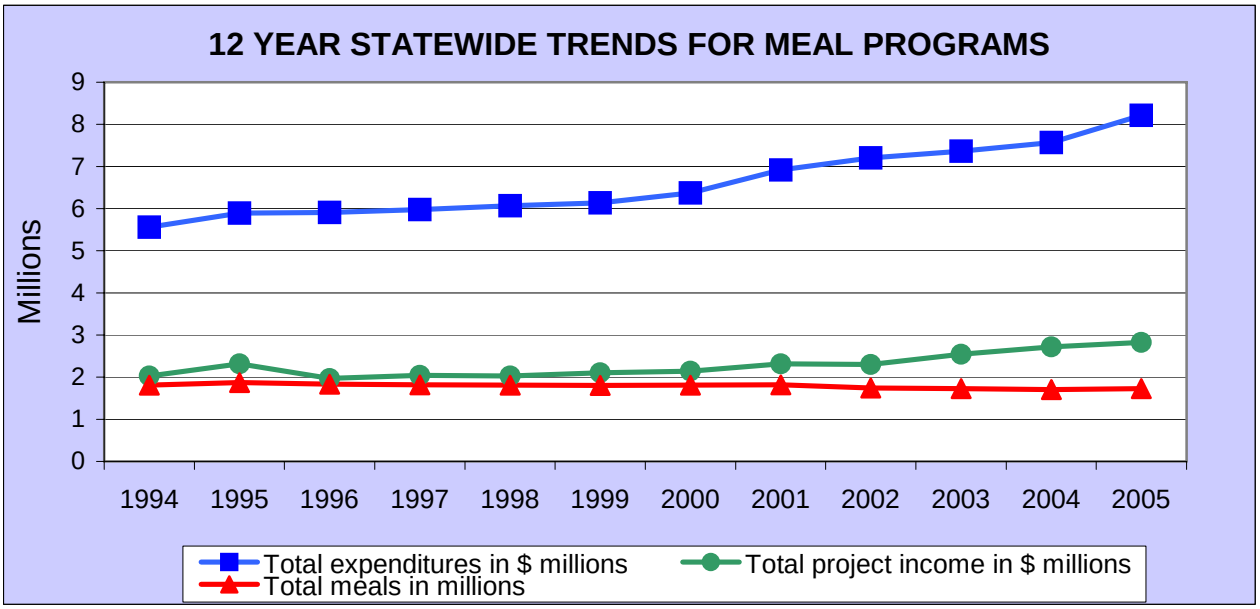
- There is a moderate amount of fluidity between the two meal programs. About 9 percent of congregate meal participants have received home delivered meals in the past. Most current home delivered meal participants, however, have not participated in the congregate meals program in the past. Only 19 percent of home delivered participants have received congregate meals. [15]

The same study revealed some personal characteristics for participants involved in meal programs:

- 73 percent of home delivered meal participants were at high nutritional risk; 25 percent were at moderate risk.
- 62 percent of home delivered meal participants received one half or more of their daily food intake from their home delivered meal.
- Approximately two-thirds of meal program participants are either over- or underweight, placing them at increased risk for nutritional and health problems.
- 25 percent of meal program participants reported they did not always have enough money or food stamps to buy food.[16]
- Between 80 and 90 percent of participants have incomes below 200 percent of the federal poverty level, which is twice the rate for the overall elderly population in the United States.
- More than twice as many meal program participants live alone, compared with the overall elderly population.
- Overall, meal program participants, especially those served by the home delivered meals program, are more functionally impaired than the overall elderly population. Home-delivered meal participants have more than twice as many physical impairments, compared with the overall elderly population. About one-quarter of congregate participants and more than three-quarters of home delivered meal participants have trouble doing one or more everyday tasks (such as eating, bathing, dressing, and walking). Home delivered participants have an average of 3.7 functional impairments.
- 29 percent of home delivered meal participants also receive personal care services, either from the senior center or another public or private source. 35 percent receive homemaker services.
- Among home-delivered participants, 63 percent of participants rated their health as either poor or only fair.[17]

FUNDING OF NUTRITION PROGRAMS

In the 1960's and 1970's, Older Americans Act funding was responsible for starting most meal programs. They were the main funding source of most fledgling programs. They also set the parameters for delivering services. As meals programs have grown over the years, federal dollars have become just one of the sources for meals funding. Increasingly meal programs are being supplemented with other funding, especially local funding.

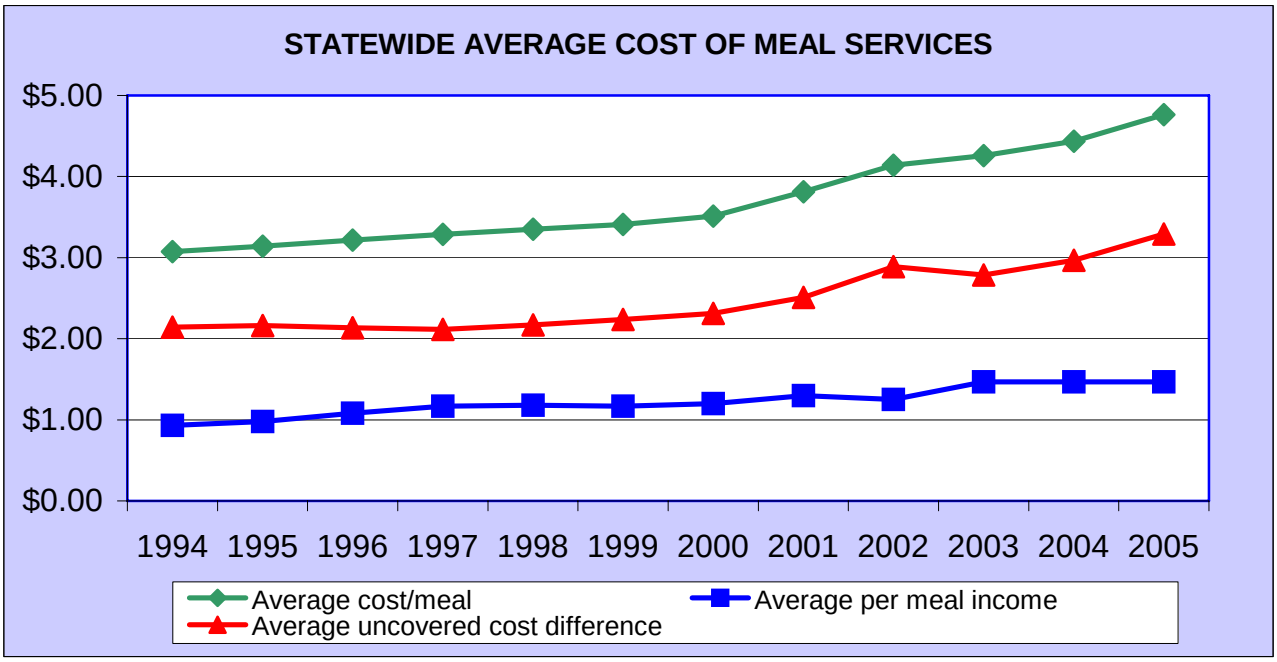


Montana's current expenditures for senior meal programs exceed $8 million dollars. The actual number of meals served has been relatively constant. Contributions from participants are about $2.8 million dollars. For every $1 of federal congregate meal funds, $1.70 additional funding is leveraged; for every $1 of federal home delivered meal funds, $3.35 additional funding is leveraged. The leveraged funds come from other sources including state, tribal, local, and other federal monies and services, as well as through donations from participants.[18]

Meal programs across the state, however, are coming under increasing financial pressures. After a relatively static seven year period, participant contribution rates for meal services have been gradually increasing over the last five years. At the same time, overall meal costs have been increasing, and have accelerated over the last five years. Thus, the gap between expenditures and income has increased considerably. From 1995 to 2000 the ratio between expenses and income for meal programs increased by about 7 percent. The increase from 2000 to 2005 was 42 percent.

The economics of meal programs are complicated by federal regulations. The Older Americans Act mandates the meal programs use the voluntary contribution system for both congregate and home delivered meals programs. This is to ensure that seniors in need of a meal are able to receive one, regardless of their financial situation. Centers

cannot use any means testing or sliding fee scales to fund meal programs. Thus, meals programs have little financial flexibility to generate additional needed income.



As a result of these fiscal constraints, meal programs have taken a number of different approaches to address shortfalls. Many centers have raised the voluntary contribution rate they request from participants to increase revenues. The suggested donation rate for most centers is currently between $3.00 and $3.50. Many centers are leery of raising their rates too high for fear that it will be a disincentive for seniors to participate. Other centers have reduced services or reduced hours of staff to make ends meet. Still others are supplementing meal program funding with other center funds.

THE IMPORTANCE OF VOLUNTEERISM IN SENIOR CENTERS

Since the inception of senior centers, volunteers have played a crucial role in the establishment and success of most centers. Early senior centers were operated almost exclusively by seniors who were dedicated to getting the center and its programming off the ground. This is especially true in frontier and rural centers. There simply were not enough funds available to centers to be able to afford hiring staff. If things were going to get done, members had to pitch in and get them done.

Early on, the Green Thumb program was a good source of manpower for many senior centers. Initially, workers could be employed at a work site for a length of time (usually at least a year). Over the years, the regulations for the Green Thumb program evolved to stress employers trying to hire the workers after a short period of training. Most senior centers did not have the financial resources to do this. As a result, few centers currently have Green Thumb workers (currently called Experience Works).

This volunteerism resulted in tremendous pride and ownership on the part of seniors who built up their centers and their programming. As centers sought to acquire new buildings or space, a tremendous amount of time and effort usually went into fundraising and seeking donations of materials or support from the community and local businesses. This is eloquently detailed in many of the individual senior center profiles included in the report.

Most senior centers run on a budget that is a combination of federal, state and local funds, participant contributions from services and a lot of volunteer time and effort. Smaller rural and frontier centers receive a relatively small amount of these funds. If the center is going to have its doors open, volunteerism is essential.

About 60 percent of current centers still have an active volunteer program. These programs still recruit volunteers to perform needed daily activities such as signing in participants and taking donations, doing set up and clean up for meals and basic janitorial work around the center. Some centers are still run by volunteer directors and/or cooks.

The home delivered meals program is a great example of the strength of volunteerism at senior centers. A substantial portion of home delivered meals relies on volunteer time and support. Some seniors donate not only their time but vehicles and gas money to deliver meals. They know the importance of the program and want to ensure that fellow seniors who are homebound get the nutrition necessary to help them remain in their homes.

As the founders of the state's senior center age, many centers are concerned not only with attracting younger participants, but finding younger participants who will contribute their time and effort in maintaining the center's programs. Being able to continue the tradition of volunteerism is essential to keeping the doors of most of the State's senior centers open.

THE CURRENT STATE OF MONTANA'S SENIOR CENTERS

Although there is little consensus on what constitutes the necessary components of a successful senior center model, a goal that most can agree on is the essential role senior centers can play in assisting a diverse group of older adults to age in a successful and productive manner.[19]

Many of the factors associated with successful aging can be found at today's senior centers, which provide opportunities to:

- Participate in disease prevention and health promotion activities.
- Maintain and develop social relationships and a strong support system.
- Develop emotional supports.
- Develop and maintain a positive mental attitude.
- Learn new skills and information.
- Participate in educational and other mentally stimulating programs.
- Engage in voluntary and other productive activities.

The best models of senior centers offer a wide variety of programming, including a balanced combination of recreational, social, intellectual and physical activities that attract participants of many ages and economic backgrounds. Model centers involve many community partners and engage participants in the center's planning and curriculum selection. [20] Common programs and activities provided by senior centers include:

- In-home services: homemaker, personal care, home chore;
- Congregate and home delivered meals;
- Transportation services: to senior services, shopping, medical appointments;
- Exercise classes: aerobics, chair exercises, weight training, yoga;
- Fitness equipment and programs;
- Health screenings: blood pressure, diabetes, foot clinics;
- Information, referral and assistance in finding services and resolving problems;
- Legal assistance;
- Volunteer opportunities and programs
- Educational classes: computer, creative writing, book discussion groups;
- Arts and crafts: painting, ceramics, needlecrafts, woodworking;
- Caregiver information and support services;
- Grandparenting information and support services;
- Games: bridge, pinochle, billiards, bingo;
- Intergenerational activities;
- Library/aging resource services;
- Special events: dances, fundraisers, banquets, luncheons; and
- Travel groups.

The degree to which senior centers can offer this wide array of services depends on a number of factors:

- available funding;
- the interests of local participants;
- involvement on the part of local participants;
- available manpower to provide programming (including local volunteerism); and
- community support.

The following are some of the common issues facing senior centers.

- Funding for senior center activities and programs has been relatively static over the last 10 years. The cost of utilities, gas, food and operations keeps going up. As a result of this financial crunch, many centers have had to make cuts or reduce services, tighten up on requirements for service, or use savings to pay for services.
- Attracting new, younger clients to replace older participants who are no longer able to actively attend and participate in center activities. Many centers are modifying programming or getting into new areas of service to attract a new clientele.
- Many centers are in older buildings that are not well insulated and not energy efficient, resulting in high utility bills.
- Many centers are in old building that are unappealing and do not project a positive image, which can be a deterrent to attracting new clients.
- Many of these same older buildings require more maintenance and upkeep.
- Attracting and retaining volunteers to help in operating senior centers. As older volunteers are no longer to contribute time and energy to keep centers going, centers are having increasing difficulty in recruiting new volunteers to take their place.
- Starting up a new center is very difficult. Since funding comes out of one pot of money, it means that funds currently going to existing centers get reduced to provide funding to develop the new center.

THE INCOME GENERATING QUANDARY

Medicare, Medicaid and the Older Americans Act were all developed in the late 1960's. Like Medicare, eligibility for Older Americans Act services is age related rather than income related. When the Act was initially developed, lawmakers were concerned that establishing income eligibility guidelines would be a barrier for seniors using aging services. Seniors at that time had an aversion to participating in what they perceived as "welfare programs." Thus, the Act specifically prohibited any means testing of participants.

Instead, the Act required that any aging service using federal funding must follow federal requirements regarding how participants are charged for a service. Each service provider may develop a suggested contribution schedule for services provided. In developing a contribution schedule, the provider must consider the income ranges of older persons in the community and the provider's other sources of income. Service providers have to provide each participant with an opportunity to voluntarily contribute to the cost of the service based on what the participant is able to pay. For a few services, the Act prohibits the use of suggested donations. These include ombudsman, information and assistance, legal and outreach services. Until recently, the voluntary participant contribution system has been the main method of generating project income under the Act.

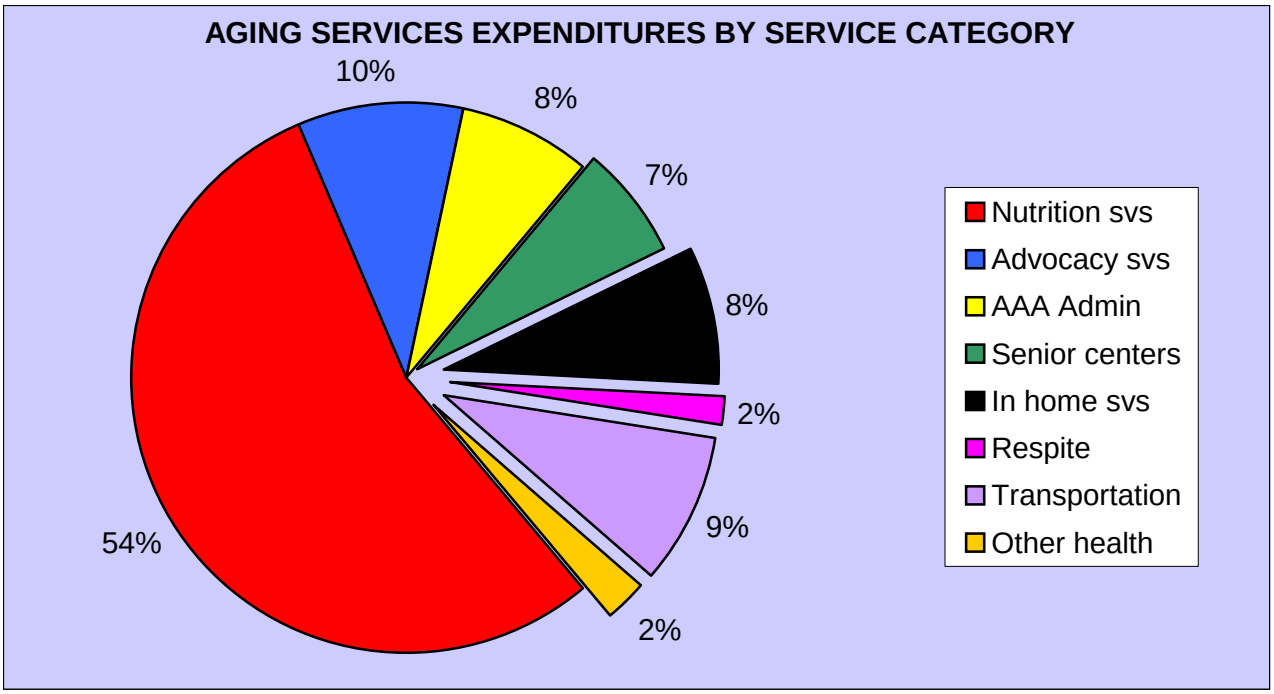
Because of the importance of meal programs in helping participants to remain healthy and living in the community, meal programs are mandated to use the suggested donation/ voluntary contribution system. The advantage of the voluntary contribution system is that it encourages participation by a more diverse group of seniors in center services. Center services aren't just for low-income people. The disadvantage of the system is that it limits flexibility for centers to generate additional income, especially from meal services, which are centers' largest programs. The only way centers can raise more income from meal programs is to either raise suggested donations and/or to educate participants on the economic realities regarding meals programs.

The 2000 Reauthorization of the Act introduced the possibility of cost sharing as a way of charging participants for services and at the same time generating income for a specific set of services. The Act still prohibits using cost sharing for meal programs, ombudsman, information and assistance, legal and outreach services. To date, there has been relatively little use of this option in Montana (or nationwide). Three counties in western Montana implemented cost sharing for homemaker and respite services within the last two years. The State received an Alzheimer's demonstration grant in 2005, in part to develop and implement cost sharing approaches for respite services.

Thus, under the current regulations, senior centers and other aging providers can only set specific fees for a limited number of services they provide. These include homemaker, home chore, personal care, respite and adult day care, transportation,

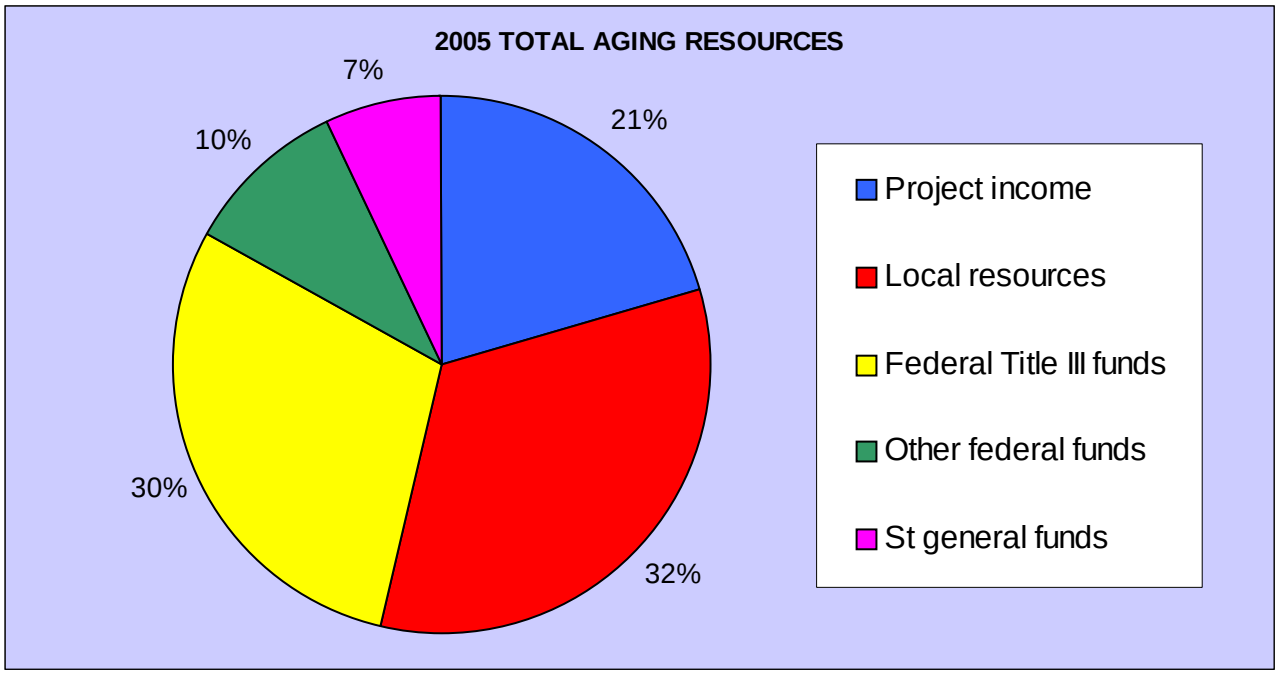
skilled nursing, center social/recreational programming, health prevention and health screening services. These services represent only about 20 percent of the total aging budget.

The chart below shows the percentage of the aging services budget spent on different categories of services. The pie chart pieces that are exploded represent those services where there are no restrictions on what can be charged for the service. Home delivered meal costs are not included in in-home services, since they are required to use the voluntary participant contribution system.



Only about 7 percent of total funding is designated for senior center expenses. These funds must pay operational expenses (such as staff costs, building maintenance, utilities, etc.) as well as for programming expenses. The portion of the funds that goes to providing center programming could possibly generate income. Centers could charge usage fees for programs such as computer, ceramics, exercise programs, or travel programs, for usage of the centers by community groups, or for other income generating services, like catering. Most centers charge a fee for usage of the center, if they own the building. Only a few charge program fees, with the exception for travel programs.

Between 2001 and 2005, project income represented between 21 and 23 percent of the total resources for aging services. The vast majority of this comes from participant contributions. In 2005, total project income was about $3.5 million. Over the same period, between 80 and 82 percent of all project income came from meal programs. Project income represents about 33 percent of the revenues for both congregate and home delivered meals. Other services range between 1 percent and 16 percent.



Given the fiscal constraints senior centers face, senior centers have become very adept at developing fundraising activities. These range from bake sales, special dinners and dances, garage sales, raffles, auctions, second hand stores, and craft sales. Many centers also charge a general membership fee as a way of generating income.

The Aging Network has tried a number of different strategies to raise funds to compensate for the funding limitations placed on them by federal requirements. In 2004, the Montana Association of Area Agencies on Aging (M4A) developed an Endowment Fund. Interest from these funds will go to support aging services. In 2005, M4A developed a specialty license plate for aging services (Montana Treasures). Revenues from these plates provide funds to the local county aging programs and the Area Agency. Both programs are still in their infancy at this point. The Aging Network has introduced legislation during the last two legislative sessions (2003 and 2005) to establish and fund an Aging Trust Fund. The Trust Fund would have provided funding for current aging services and future funding for when baby boomers start using aging services.

2005 SURVEY OF MONTANA SENIOR CENTERS

In the fall of 2005, one hundred sixty two surveys were distributed to current senior centers around the state. Ninety one surveys were returned, for a 56 percent return rate. The survey looked at the following areas:

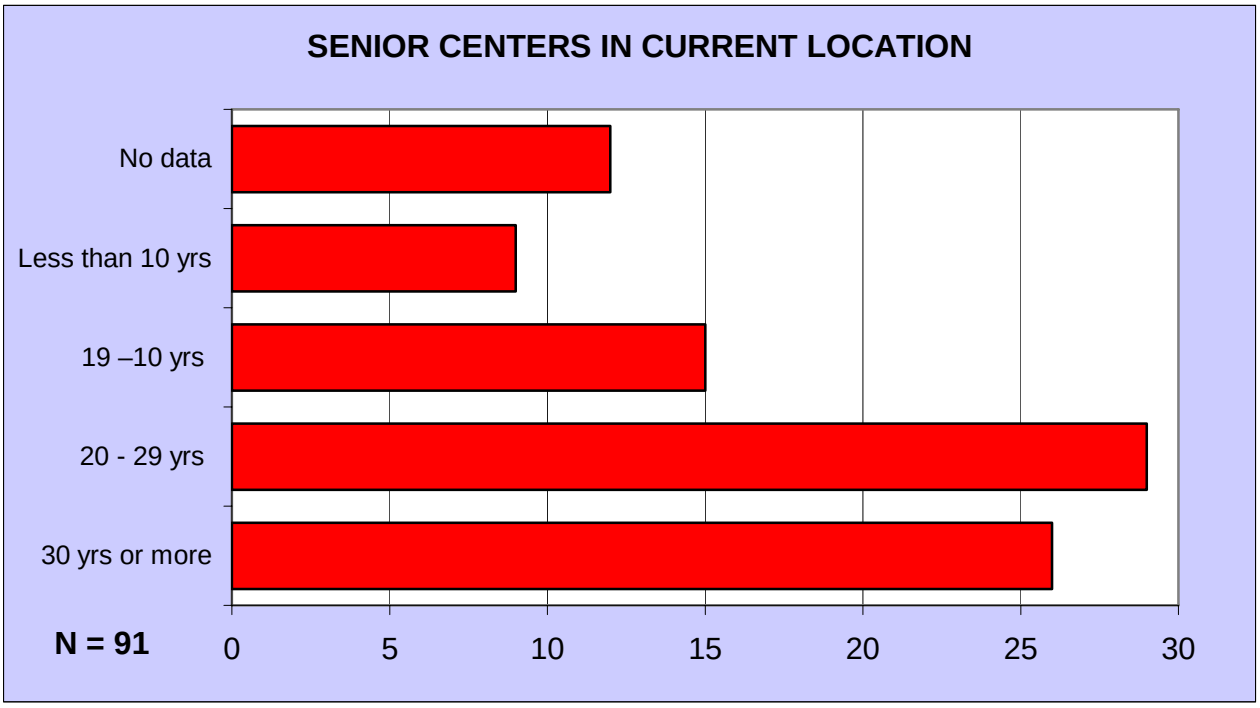
- characteristics of senior centers;
- services offered by senior centers;
- financial issues affecting senior centers;
- participant service needs; and
- future prospects for senior centers.

The following table shows the number of surveys distributed by Area Agency on Aging and the number returned.

Area Agency on Aging	Total # receiving surveys	# of returns from senior centers
1	39	15
2	35	20
3	21	14
4	13	8
5	9	5
6	27	18
8	6	5
9	4	1
10	4	1
11	5	4
TOTAL	**162**	**91**

CHARACTERISTICS OF SENIOR CENTERS

LENGTH OF TIME IN CURRENT LOCATION



Sixty percent of facilities have been in their current location for at least 20 years. This is usually a function of two factors: most senior centers either have remained in their original building because they own it or they have favorable leases from cities or counties, which own the buildings and lease them to the centers for nominal amounts.

Many of the buildings that currently house senior centers are buildings that became available because the former occupants moved to new buildings or went out of business. They were older buildings when the centers started using them, They often require more maintenance and can have higher utility bills.

Some centers, like the Eagle Shield Senior Center in Browning and the Troy Senior Center have built new buildings that include senior housing as well as the traditional center services. The Glendive Senior Center and the West Yellowstone Senior Center currently are in the process of building new facilities. They have accomplished this through grant writing, local fundraising, local community support and a lot of hard work on the part of their directors and respective boards.

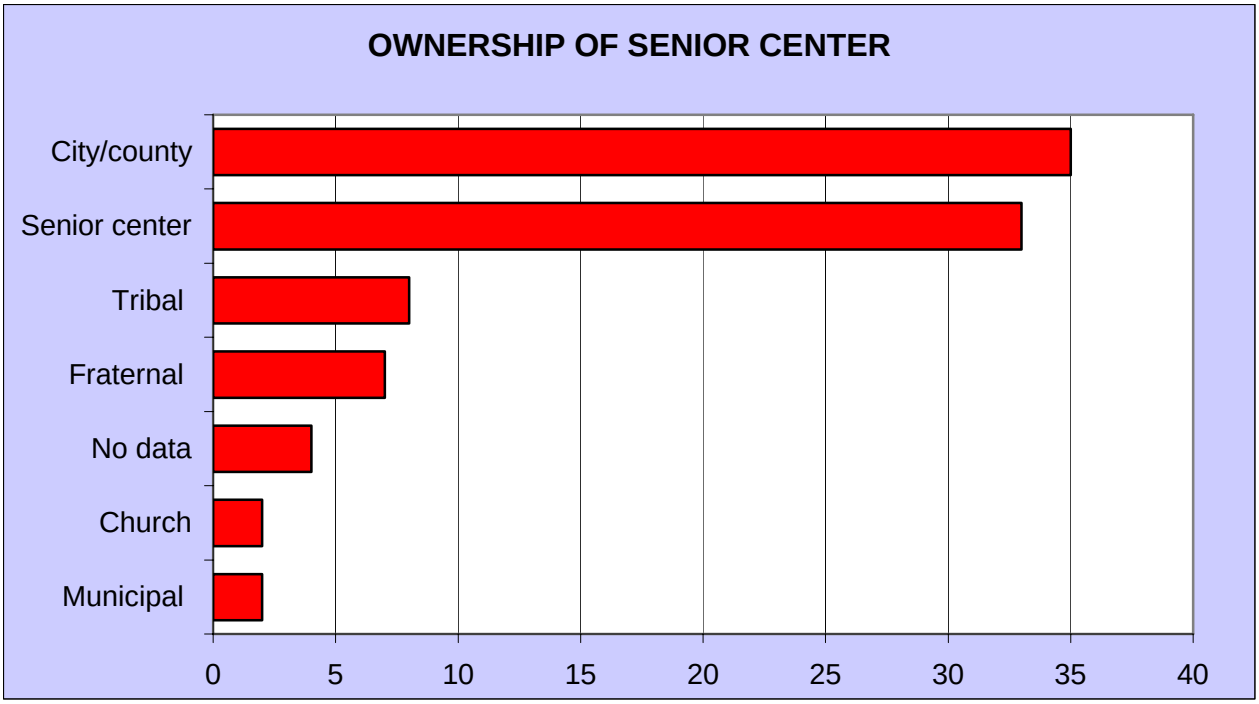
CENTER SIZE

SQUARE FOOTAGE OF CENTER	# OF RESPONSES
Over 10,000 square feet	5
Between 5,000 and 10,000 sq feet	10
Between 2,500 and 5,000 sq feet	29
Between 1,000 and 2,500 sq feet	27
Less than 1,000 sq feet	7
No data	13
Total responses	**91**

The majority of senior centers were not built specifically to meet the needs of a senior center and its participants. Rather, decisions to acquire space tended to be made based on availability and cost. For many centers, the kitchen and dining room represent the largest amount of the centers' space. As a result, other programming decisions and availability may have to work around the meals program. Because of space constraints, some programming may be provided off site in conjunction with other community groups.

The activities that senior centers provide have also evolved over the years. Where initial programming 30 years ago may have been limited to serving meals and providing social activities, most centers now offer a more diverse array of programs that have greater demands for space. Programs like health promotion and health screenings and activities like woodworking or ceramics or computer labs may require specific space that is devoted solely to these programs. Additionally, an emphasis on making the center available to more community groups can put a premium on space.

OWNERSHIP OF SENIOR CENTER BUILDINGS

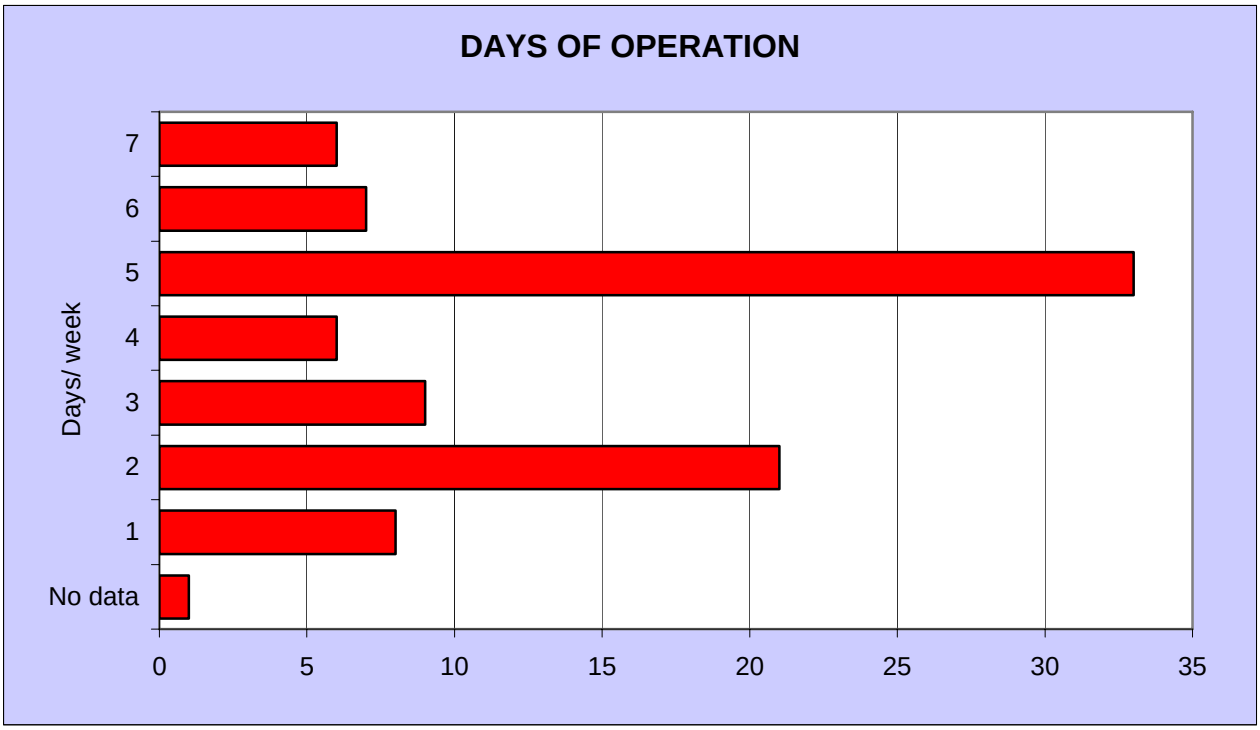


The majority of senior centers either use space that is leased to them for a nominal fee by city or county governments or own their own buildings. All the tribal sites responding to the survey operate out of buildings owned by the Tribe. Except for a relatively small percentage of senior centers that have taken out loans to finance the purchase or construction of their centers, most centers do not have to devote a significant portion of their budgets to pay for space to operate the center.

Several centers have interesting and creative ways that they have used to obtain their buildings or the space. A number of centers meet in buildings owned by churches (like the Fromberg Valley Senior Center, the Ryegate Senior Center and several of the meal sites in Billings) or fraternal organizations (the Hollowtop Senior Center in Pony and the Wheatland County Senior Center meet in the local Masonic Lodge buildings and the Hinsdale Senior Center, the Lavina Senior Center and the St. Regis Senior Center meet in the local American Legion buildings).

The West Yellowstone Senior Center began as a small group in 1997 and met in the lobby of a local theatre. They then moved to the restaurant of the local Days Inn Motel. They are now partnering with the City of West Yellowstone and its Recreation Department to build a new facility that will house both organizations.

DAYS OF SENIOR CENTER OPERATION



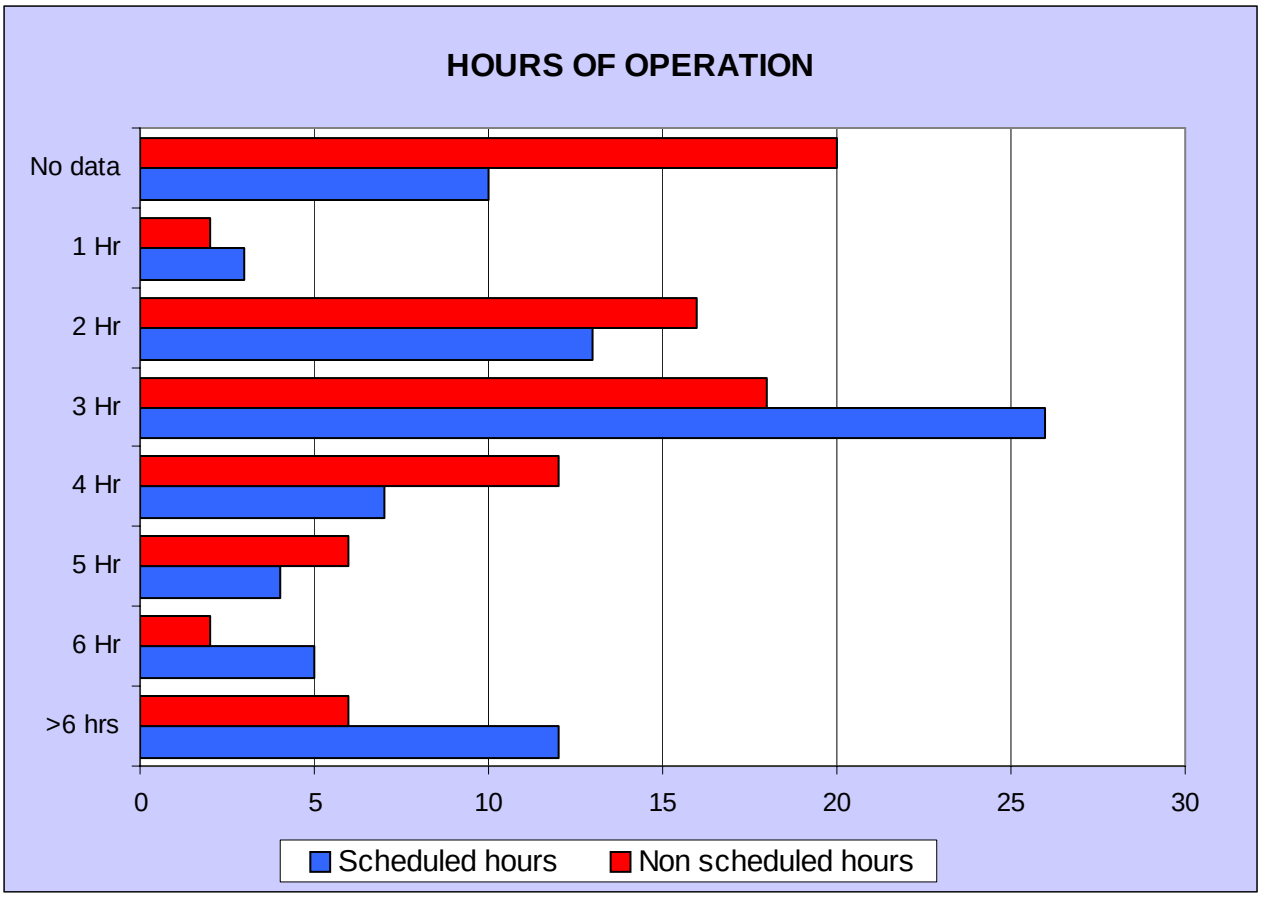
There is a great deal of variability in the number of days senior centers are open. Some may be open a formal set number of hours, while others operate more informally. Many centers regularly rent out their facilities to groups or allow other groups to use their facilities for community or organizational purposes.

While 5 days is the most common scope of operation for senior centers, this frequency is representative of only about a third of all centers.

Six centers provide senior programming seven days a week. Two of those operate seven days because they are co-located in a housing complex (the Northern Cheyenne Tribal Elders program in Lame Deer and the Golden Age Center in Fort Benton). The Great Falls Senior Center operates a restaurant seven days a week that is open to the public as well as seniors. The Charlo-Moiese Senior Center offers a variety of formal and informal services over the seven day period. These include a coffee club, where local men meet everyday, including weekends, dinners three days a week and an activity day on Mondays. The Chinook Senior Center and the Stevensville Senior Center are also open 7 days a week.

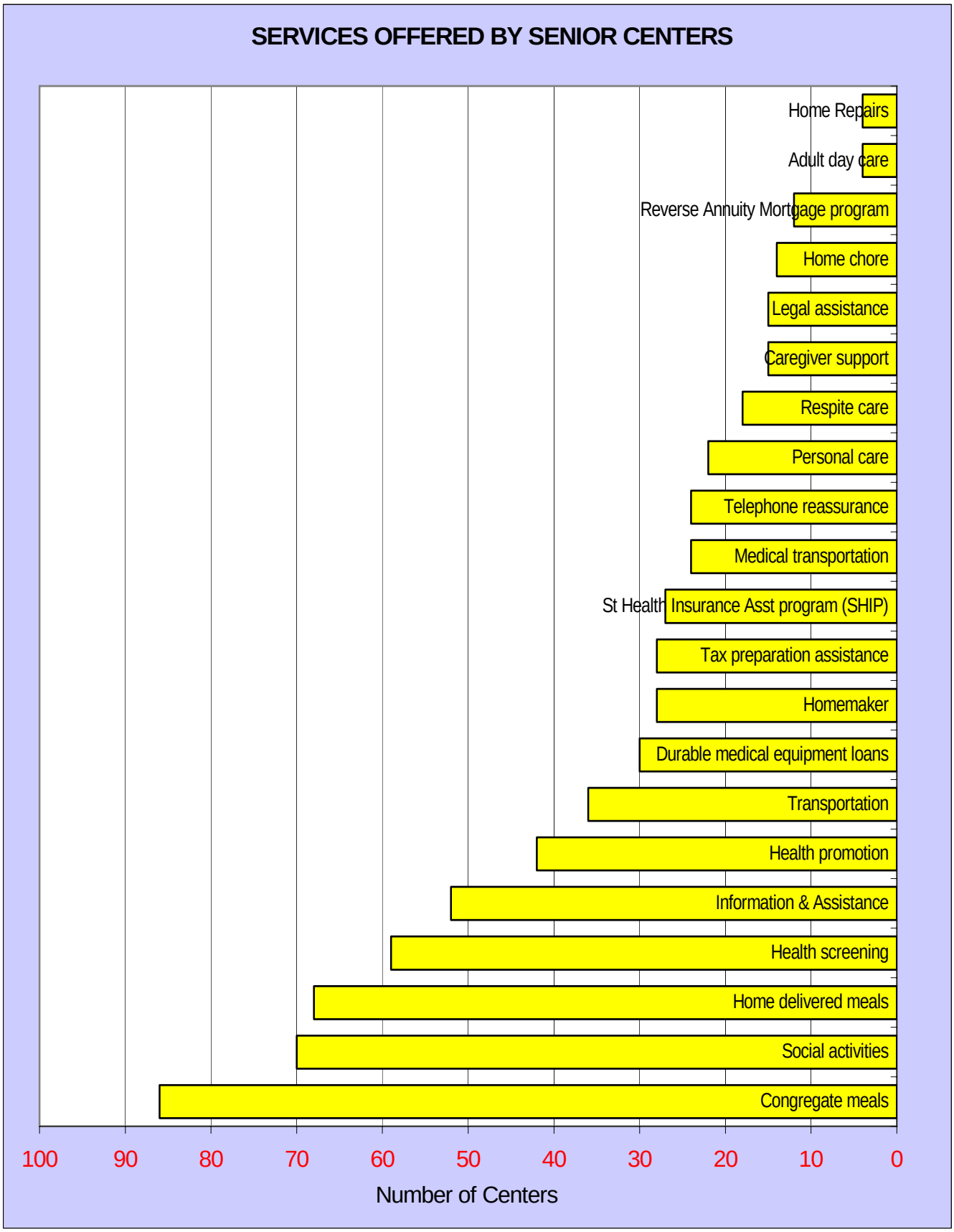
At the other end of the spectrum, the Darby Silver Tops Senior Center meets for a potluck on the third Tuesday of each month at noon.

HOURS OF OPERATION



Scheduled hours of operation represent formal programming that the staff of the center provides. These could include congregate meals, health promotion activities, fitness and health prevention activities or structured social activities. The availability of this kind of programming is most affected by the number of paid staff hours that the center can afford and specific participant needs for services.

Non-scheduled hours of operation represent hours that the center is open and informal activities are occurring. While staff may be involved in the overall organization of these hours, staff usually is not directly involved during the time the activities are occurring. Typical examples could be card games that seniors gather for or hours that community groups use the center for to meet regularly.


SERVICES OFFERED BY SENIOR CENTERS
Home Repairs
Adult day care
Reverse Annuity Mortgage program
Home chore
Legal assistance
Caregiver support
Respite care
Personal care
Telephone reassurance
Medical transportation
St Health Insurance Asst program (SHIP)
Tax preparation assistance
Homemaker
Durable medical equipment loans
Transportation
Health promotion
Information & Assistance
Health screening
Home delivered meals
Social activities
Congregate meals
100
90
80
70
60
50
40
30
20
10
0
Number of Centers

The chart on page 29 illustrates the diversity of programs that are currently being provided through today's senior centers. The three core services of senior centers (congregate meals, home delivered meals and social activities) that have been offered since the inception of senior centers continue to be the most frequently offered services.

The following services are being provided by at least half of the 91 responding senior centers:

- Congregate meals - 95% (86 centers)
- Social activities - 77% (70 centers)
- Home delivered meals - 75% (68 centers)
- Health screening - 65% (59 centers)
- Information and Assistance - 57% (52 centers)

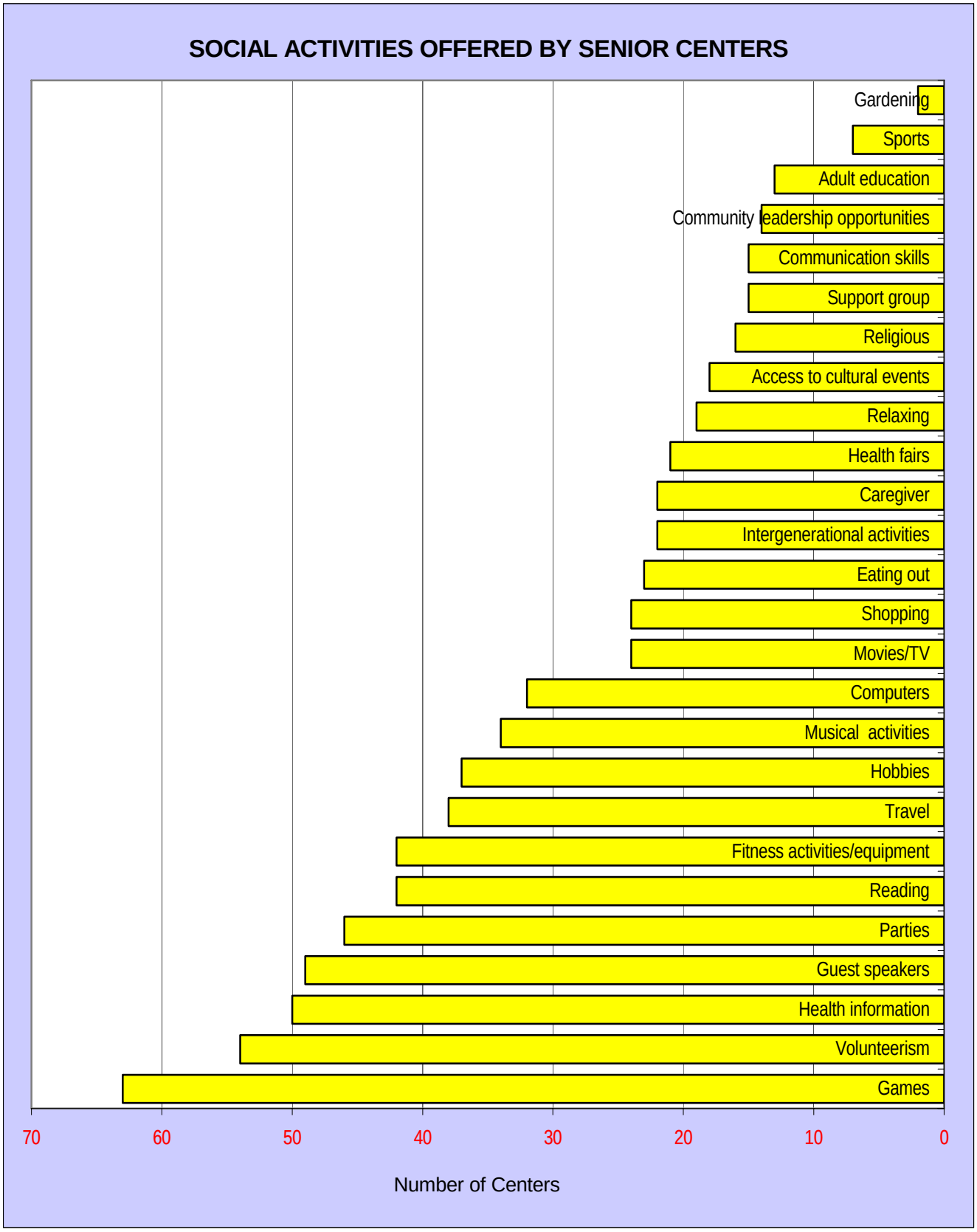
Congregate meal programs are still the mainstay of senior center programming. Congregate meal programs serve two important functions. First, they provide a nutritiously balanced meal that for many participants may be the main meal of the day. Second, they provide a social setting for participants that get them out of the house and interacting with peers.

Formal social activities are being provided by 77 percent of centers. There is a broad range and diversity of social activities being offered at centers. (See the following page).

Although statistics indicated that 25 percent of senior centers do not directly provide home delivered meal programs, seniors in many of these areas still receive the service. In some towns another entity such as an Area Agency (in Great Falls), County Council on Aging (in Billings), hospital (for example Culbertson, Ekalaka, Glendive) or restaurant (for example Froid) provide home delivered meals. In other towns that do not have formal home delivered meals programs, fellow senior citizens may personally deliver a meal to homebound elders they know cannot make it to the senior center. For a complete illustration of 175 congregate meal sites and the 137 communities that have home delivered meals, see pages 105 and 106.

The fact that health screenings has emerged as the next most frequently offered program shows the important role senior centers are playing in helping seniors to remain healthy and in their homes. Centers offer a wide range of health screening activities, including: foot clinics, blood pressure screenings, flu shot clinics, and diabetes or glaucoma screenings. These offer unique collaborative opportunities between senior centers and local health care professionals.

Information and assistance services are similar to home delivered meals - they may not be provided directly by senior centers but are delivered by another entity, such as a County Council on Aging or an Area Agency on Aging.


SOCIAL ACTIVITIES OFFERED BY SENIOR CENTERS
Gardening
Sports
Adult education
Community leadership opportunities
Communication skills
Support group
Religious
Access to cultural events
Relaxing
Health fairs
Caregiver
Intergenerational activities
Eating out
Shopping
Movies/TV
Computers
Musical activities
Hobbies
Travel
Fitness activities/equipment
Reading
Parties
Guest speakers
Health information
Volunteerism
Games
70
60
50
40
30
20
10
0
Number of Centers

The chart on page 31 shows the wide variety of social activities that senior centers offer. The following table illustrates the range of different social activities offered by those surveyed.

# ACTIVITIES OFFERED	# OF CENTERS
20 activities or more	5
Between 11 an 19	23
Between 6 and 10	26
Between 1 and 5	28
No reported activities	9

Providing a venue to meet and participate in games (including card games, bingo, pool tables, etc.) continues to be the most frequently offered social activity at senior centers. Seventy percent of facilities report providing this service.

The next most frequently offered program is volunteerism opportunities. About sixty percent of centers have structured programs that offer participants the opportunity to volunteer, either at the center or in other venues. Historically, volunteerism has been a hallmark of the current generation of senior center participants. Without a strong volunteer base, many centers would not be able to operate.

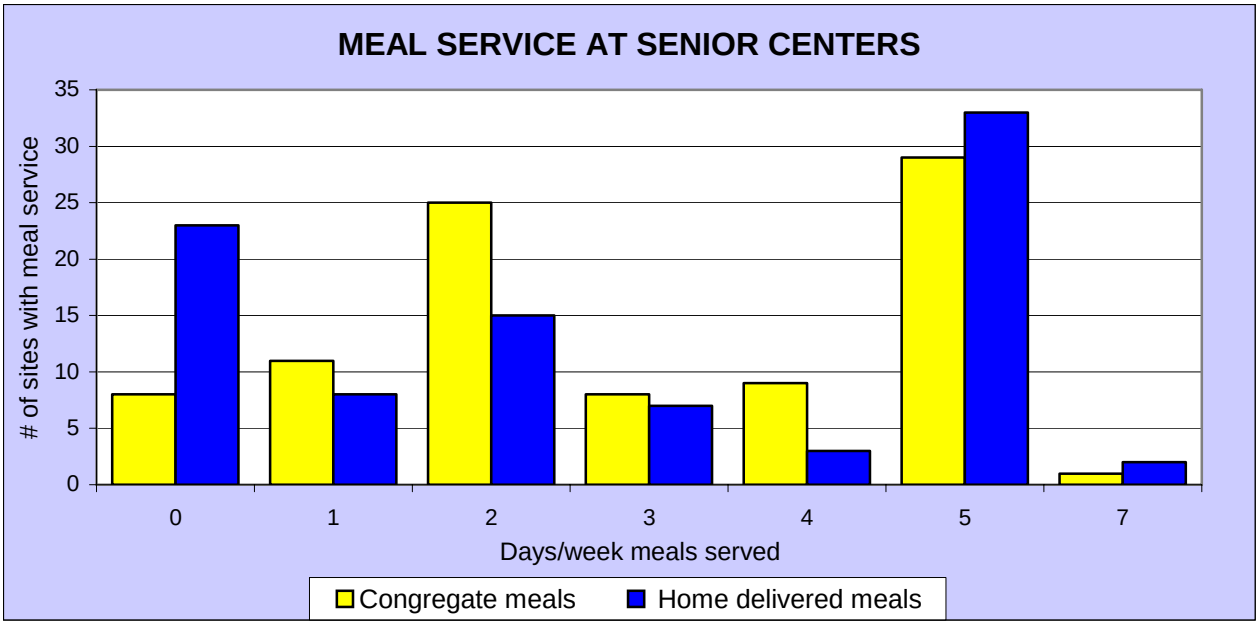
A newer area of service that many centers are getting into is health programs, including health education, promotion and fitness and exercise programs. These activities support the senior center goal of helping seniors stay active and in their communities. They are also services that can attract both older and younger seniors. Fifty five percent of centers provide health education and information, forty six percent provide fitness and exercise programs, and twenty three percent conduct health fairs.

A growing number of centers are offering computer access and instruction. Forty two percent of centers have computers that participants can use. Twenty five percent of centers have Internet access. Finally, twenty percent of centers offer various kinds of computer training to participants.

About twenty five percent of senior centers provide intergenerational opportunities. These include hosting or running preschool programs, activities that pair school age students with seniors (such as adopt a grandparent, reciprocal “senior proms”, or oral history projects) or activities where seniors work in the classrooms assisting teachers or tutoring students.

Finally, about twenty five percent of centers are now offering services to caregivers. These could include caregiver resource materials, caregiver training and/or caregiver support groups. Since many people who are caregivers are baby boomers caring for aging parents, these activities offer a great way for younger people to become aware of the services offered by senior centers.

FREQUENCY OF SENIOR CENTERS SERVING MEALS



Only about one third of senior centers offer both congregate and home delivered meals five days a week. Some centers offer frozen meals for additional days of the week, but this data was not uniformly captured in the survey, and thus is not reported here. Economic issues are the main reason for centers serving less than 5 days a week.

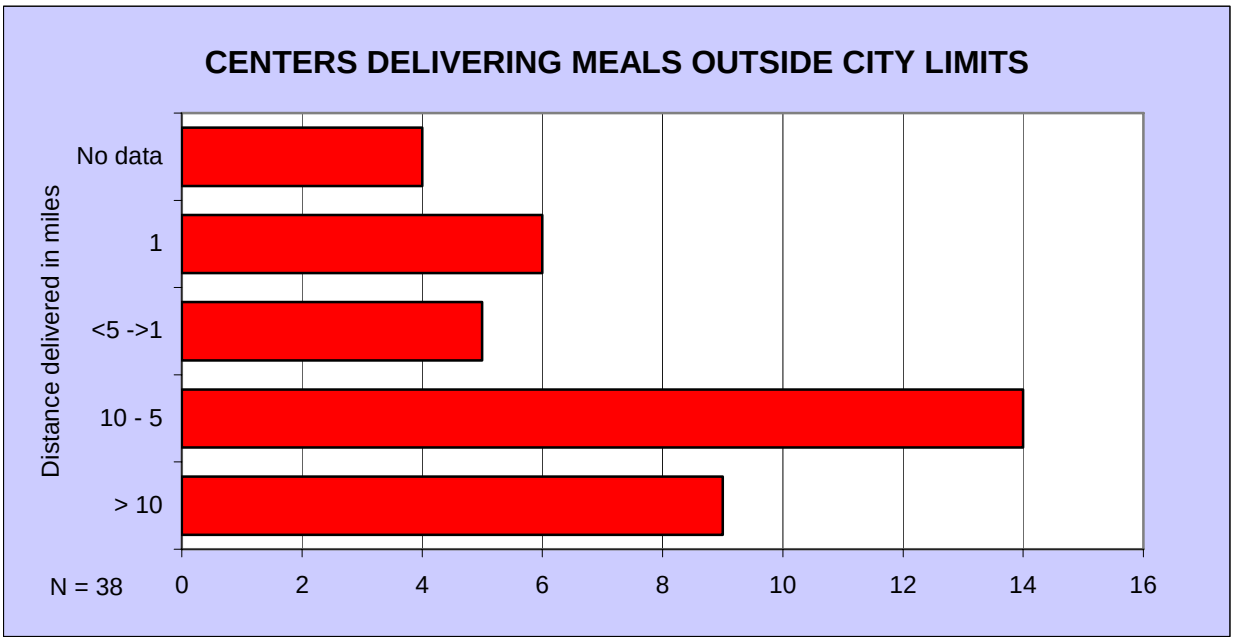
In some counties (Richland and Cascade), meal sites coordinate the days that meals are served, so those able to travel can get a congregate meal more frequently during the week.

There is wide variation regarding whether meals are prepared at a central kitchen, prepared on site, or bought from a contractor. The most typical approach involves kitchen staff preparing food at the senior center. A few centers have their meals prepared at a central location and delivered to the centers or meals sites (such as in Billings, Kalispell and Great Falls).

Some sites use contractors (such as hospitals, nursing homes, schools or restaurants) to prepare home delivered meals

All congregate and home delivered meal programs serve lunch. Meals at congregate sites are usually served either cafeteria style or restaurant style, with preportioned meals brought to participants at tables. In addition, some centers serve an evening congregate meal, most often to attract those younger seniors who are still in the workforce.

CENTERS DELIVERING HOME DELIVERED MEALS OUTSIDE THE CITY LIMITS



Fifty six percent of the 68 senior centers offering home delivered meals deliver them outside the city limits.

Most of the home delivered meals are hot meals. Some centers provide frozen meals, especially on weekends to tide people over until the start of the next week.

The Bozeman Senior Center does not provide home delivered meals outside the city limits. However, the center does make bulk frozen meals available to seniors living outside the city limits. Family members can pick up from 1 to 12 frozen meals at a time. The meals can then be microwaved and eaten.

The actual delivery of the meals is the largest challenge for many centers. There is a great deal of variation on how meals actually get delivered. The method used may depend on the actual number of meals that need delivering and how far they need to be delivered. Some centers use their vans and pay drivers. Some use volunteers and provide a stipend for gas. The Yellowstone County Council on Aging (YCCOA) and Missoula Aging Services are good examples of this system. YCCOA has about 40 drivers and riders that deliver meals in Billings. Missoula has 120 volunteer drivers delivering meals in the greater Missoula area. Volunteers in both areas receive reimbursement for their mileage only. Some smaller communities operate on a totally volunteer system.

TRANSPORTATION ISSUES

The survey asked a number of questions relating to transportation. Transportation is an important access service in the Aging Network. Transportation gets people to senior centers to participate in programs, is used for shopping and errands, to get seniors to medical transportation in rural Montana and is essential in getting home delivered meals to homebound participants. With the substantial increase in the cost of gasoline in the last two years, this issue has come to the forefront as a financial constraint centers have to deal with.

- Forty six percent of centers reported that they were seeing an increased demand for use of their center's van to transport seniors.
- Forty seven percent of centers reported seeing an increased demand for more trips to larger communities for medical and shopping purposes.

Due to rising gasoline costs, centers were asked if they have had to initiate any reductions in transportation related services. They reported the following:

- Eleven centers have decreased the number of rides they provide for shopping.
- Five centers have reduced the amount of medical transportation they provide.
- Three centers have reduced home delivered meal service.
- Five centers have reduced transportation to the center for services.
- Four centers reported they reduced more than one service.

WAITING LISTS

Historically, the Aging Network has not experienced waiting lists for its services. The one exception has been in the home delivered meals program. The Network prides itself in finding a way to meet the needs of its participants. Only a couple of centers reported having waiting lists for their services at the current time.

The Helena Senior Center and the Bozeman Senior Center had at least 2 month waiting periods for their Senior Companion programs.

The Parkview Senior Center in Cut Bank and the Shelby Senior Center had short waiting lists for their homemaker programs.

FINANCIAL ISSUES FACING SENIOR CENTERS

In order to generate additional revenues, many centers have developed membership fees. Other centers charge usage fees in order to generate funding for specific programs. In addition to trips, examples of fees include: monthly computer lab fees, ceramics fees, or woodworking club fees.

TYPE OF FEES	CENTERS USING FEE STRUCTURE
General membership fees for all participants	45 (50%)
Special fees for persons under 60 years of age	29 (32%)
Special fees for trips or special programs	26 (29%)

Over the last 3 years, there have been substantial increases in utility, food, and gas costs as well as rising operational, personnel and insurance costs. As a result, a substantial number of senior centers (42 percent) have made reductions in some aspect of their service or operation. The following table outlines the most common reductions centers have taken over the last three years.

TYPE OF REDUCTION	# OF CENTERS EXPERIENCING REDUCTIONS
Reduced scope of services, hours of operation	12 (13%)
Reduced hours of staff	15 (16%)
Laid off staff	10 (11%)
Deferred maintenance or other projects	22 (24%)
Eliminated programs/services	5 (8%)

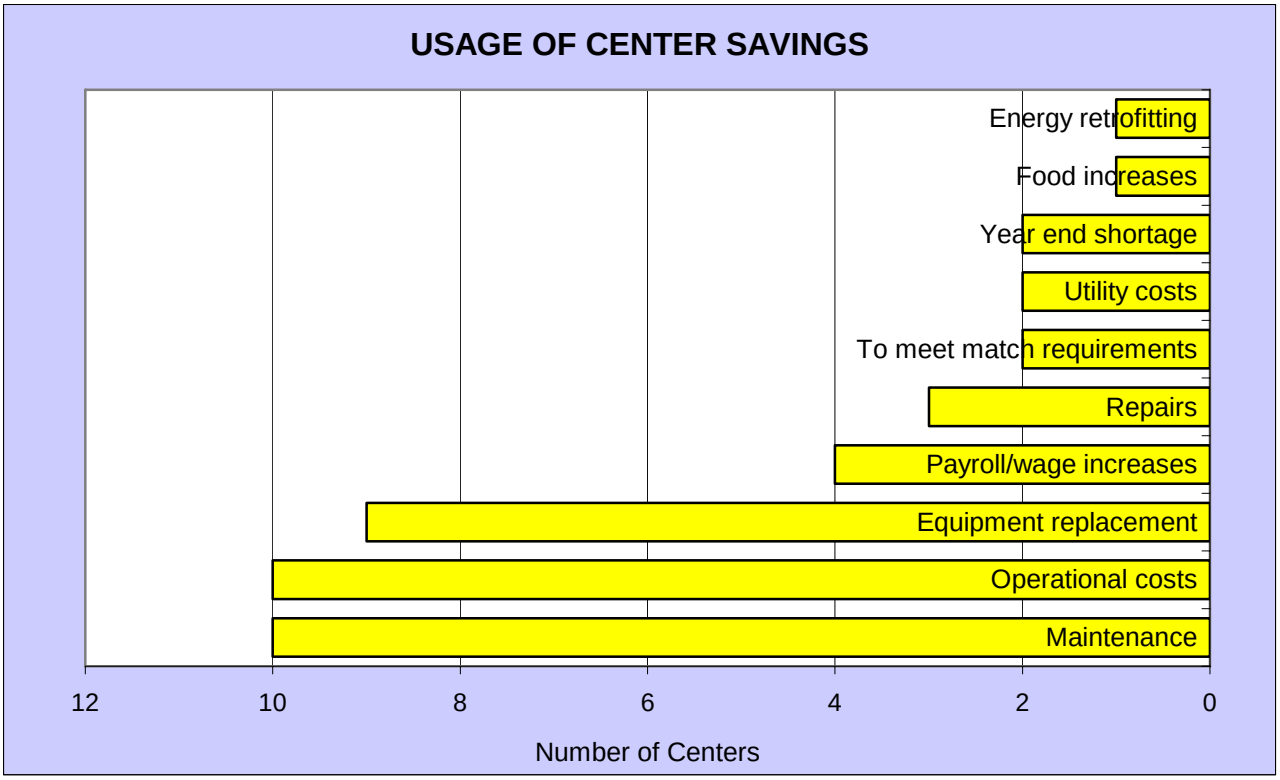
Some centers have had to make reductions in more than one area.

- 38 senior centers are experiencing 1 of these issues - 42%
- 12 senior centers are experiencing 2 of these issues - 13%
- 4 senior centers are experiencing 3 of these issues - 5%
- 2 senior centers are experiencing 4 of these issues - 2%

The Centerville Senior Center had to eliminate their health screening program. Choteau Senior Center had to eliminate its transportation program because they couldn't afford to pay a driver and with the increases in gas prices they couldn't staff it with volunteers.

In the face of the increases in costs mentioned above, 37 percent of senior centers have chosen to use money set aside for savings (such as memorials, gifts, or other funds) to meet operational expenses over the last three years. In some cases, centers used savings to pay for more than one category of expenses.

In order to deal with rising costs and static income/funding, many centers are turning to their memorial funds or other savings as a means of paying for program or operating costs. Surprisingly, over a third of all centers responding to the survey report that they have had to resort to this strategy.



Because of the age of many of the senior centers, savings are most frequently used for maintenance, to replace aging equipment or for repairs. The other major use of savings is to meet increasing operational expenses. Federal state and local funding have remained relatively static at the same time as food, gas, utility, insurance and personnel costs have been increasing.

PARTICIPANT SERVICE NEEDS

Survey respondents were asked to rank the five biggest gaps in services for elders in their community, with #1 being the biggest gap. The table below shows those services that received a minimum 10 votes and uses a weighted average of ranking.

SERVICE	WEIGHTED VALUE	TOTAL VOTES RECEIVED	FREQUENCY RANKED #1
Transportation	1.87	33	20
Homemaker	2.30	20	4
Home Chore	2.35	23	6
Personal Care	2.50	14	5
Medical Transportation	2.53	15	4
Home Delivered Meals	2.56	9	2
Respite Care	2.83	12	4
Home Repairs	3.33	12	
Caregiver Support	3.73	11	

Transportation was easily the largest gap in service that respondents identified. Medical transportation ranked fifth. This is in spite of the fact that about 40 percent of respondents provide some form of transportation and over 25 percent provide medical transportation. Transportation is a critical service that promotes and sustains independence, whether it is being able to get to the senior center for a meal and socialization, going to the grocery store, running to the bank or getting to medical appointments. Many centers have an informal or volunteer transportation network to try to overcome this issue. However, rising gas costs are putting a strain on volunteers and the informal network. Rising gas costs may also limit the ability of low-income seniors to operate their own vehicles.

Finally, centers were asked to prioritize a list of issues that could adversely affect the seniors who participate in the center's services. Some respondents used a 1-9 ranking while others simply checked areas they felt would adversely impact their participants.

ISSUE	WEIGHTED RANKING	FREQUENCY RANKED #1	OF CONCERN/ UNRANKED
Living on a fixed income	1.91	32	9
Living Independently	2.80	15	7
Health	3.06	12	7
Transportation	3.85	8	4
Housing	4.68	3	2
Socialization	4.88	5	5
Remaining Active	5.12	2	8
Accessing service	5.76	2	2

Living on a fixed income was by far the issue that was identified as having the greatest impact on center participants. This would seem to have a couple of implications for

centers. First, the Older Americans Act requires centers to target low-income seniors. This result seems to indicate that centers are meeting that requirement. Given the recent increases in utilities, gas and food costs, centers may also be seeing more adverse impacts of living on a fixed income on their participants. Finally, these economic pressures may be manifesting themselves in reduced contributions on the part of participants.

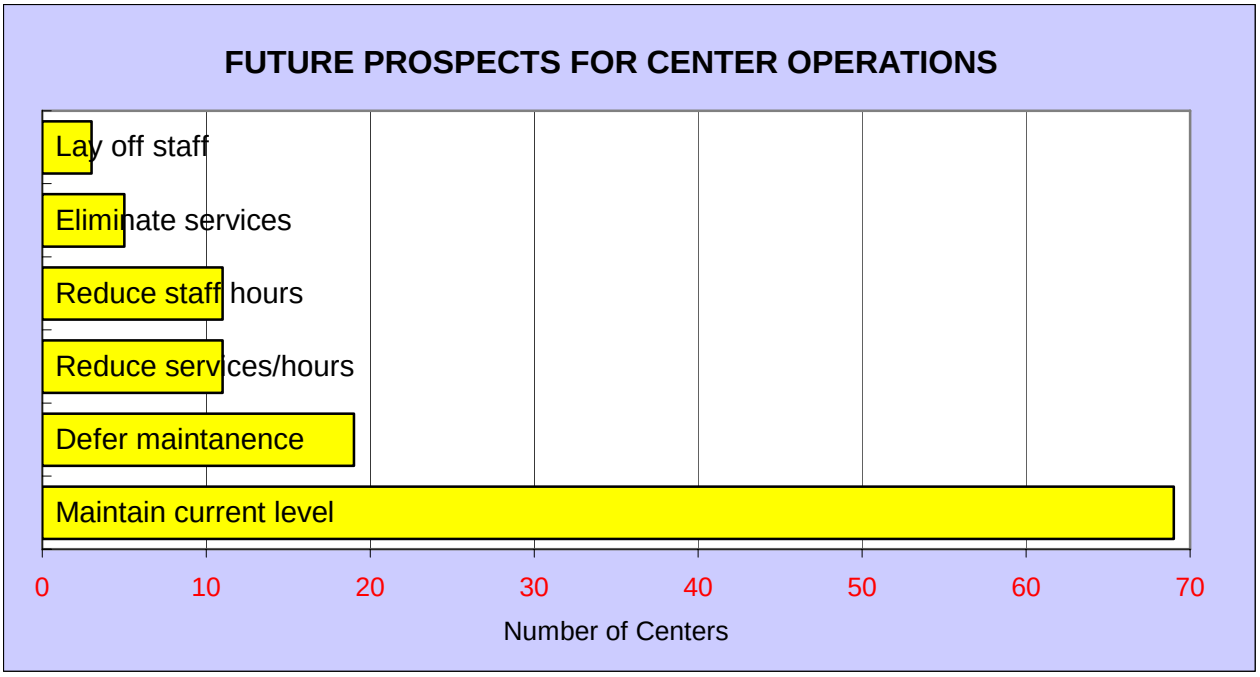
Remaining independent and in their own homes was the next issue of importance. Being able to provide services such as home delivered meals, congregate meals and in-home services are essential to many participants being able to remain in their homes.

FUTURE PROSPECTS FOR SENIOR CENTERS

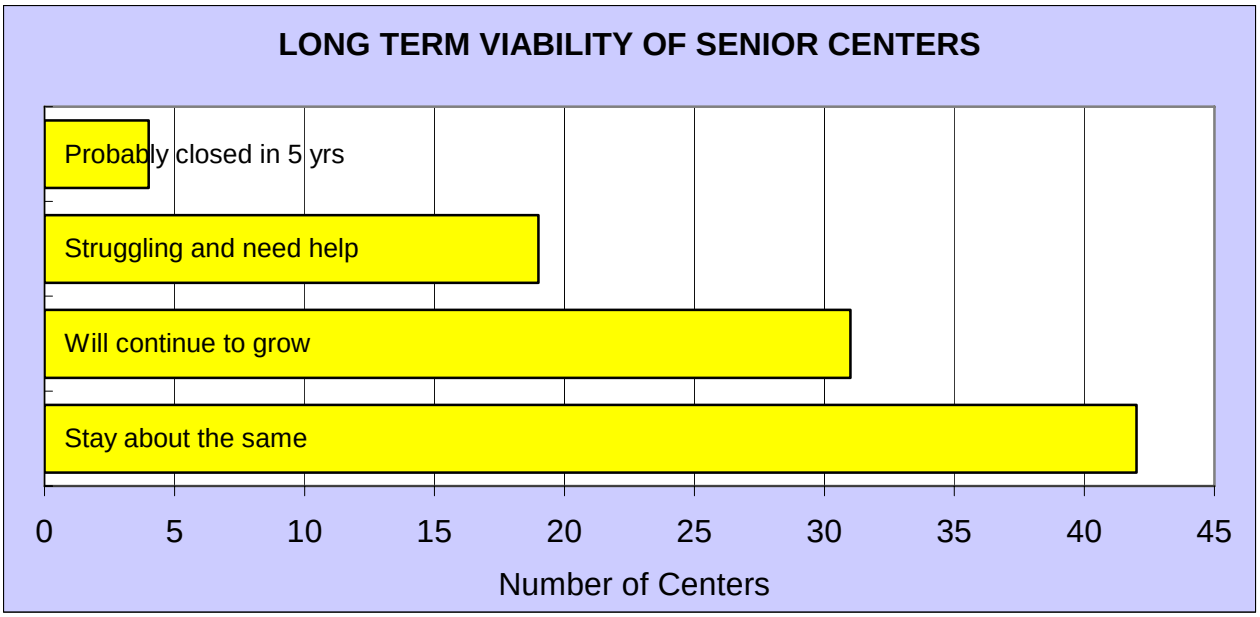
Based on their current budgets, senior centers were asked to project what future financial decisions they will face in the next three years. Most senior centers felt that they could maintain their current levels of service based on their current level of funding. However, some of those indicating they could maintain current levels of service also indicated they have to take other actions, such as deferring maintenance.

Thirteen centers feel that because of fiscal constraints, they will have to make some changes in their operations over the next three years.

- 13 sites are looking at making reductions in 1 area
- 4 sites are looking at making reductions in 2 areas
- 5 sites are looking at making reductions in 3 areas
- 2 sites are looking at making reductions in 4 areas
- 1 site is looking at making reductions in all five areas



Finally, centers were asked to assess what they felt were their long-term viability prospects over the next 3-5 years. On a positive note, 31 centers felt that they were growing and would continue to do so in the future. Almost half of the centers (46) reported that they would be operating at about the same level as currently, though some of these centers also indicated that they were struggling and need some assistance to stay open. Only four centers indicated they were in jeopardy of closing in the next 3-5 years.



To determine which current issues had the potential to pose substantial problems in the future, senior centers were asked to rank the major factors that they felt would affect their operations in the future. Some facilities ranked the factors on a 1 to 9 basis, while others simply indicated factors they felt would affect them but did not rank them.

ISSUE	WEIGHTED RANKING	FREQUENCY RANKED #1	OF CONCERN/ UNRANKED
Increasing costs of utilities	2.46	6	39
Increasing costs of gas	2.48	11	36
Elders moving to larger community for services	2.60	4	14
Increasing food costs	2.82	9	42
Decreasing attendance/use of services	3.33	5	13
Increasing operating costs	3.41	7	34
Increasing costs insurances	3.42	4	32
Recruiting and retaining staff	4.18	1	18
Increasing personnel costs	4.60	1	26

Not surprisingly, increases in gas, utilities, food and operating costs tops the rankings as the leading concerns. Decreasing attendance and declining usage of services was also a major concern.

PROFILE OF CURRENT SENIOR CENTER PARTICIPANTS

The following state statistical analysis of participants receiving services is based on six years of data from the Montana Aging Services Tracking System (MASTS). MASTS is a statewide database designed to meet state and federal reporting requirements. Data is reported on a federal fiscal year basis (October 1 - September 30)

Data collection for aging services has some unique federal requirements that states must operate under. To be eligible for services under the Older Americans Act, a person simply must be 60 years of age or older. In contrast to other many other publicly funded programs, there is no means testing of Older Americans Act services. The Act specifically prohibits providers from refusing to serve clients if they do not complete an intake form. Thus, demographic information on who receives services through the Aging Network in Montana is not complete.

Providers are required to collect both demographic (age, gender, race and ethnicity, income, number of people in the household, and address) and service data for all participants receiving an in-home service (personal care, homemaker, home chore, home delivered meals, adult day care or case management) or a congregate meal. These services are classified as registered services. Because of the ongoing nature of in-home services, data on these clients is fairly complete. Thus, data reported here is for registered services.

For other non-registered services delivered through senior centers (such as transportation, medical transportation, telephone reassurance, health screening. fitness and health promotion or social activities), providers are only required to report units of service. Some providers tie services to individual clients, but because of the time it would take to do this, the majority of providers just report units. Because of the inconsistent nature of data on participants in these services, it is not included in this analysis.

On a national level, there is limited research on the characteristics of participants who use senior centers and benefits of participating in senior center activities. A 2003 study conducted by Ronald Aday of Middle Tennessee State University provides a unique perspective into some of the benefits senior center participants report from their participation in senior center activities. The study had surveys returned by 734 participants at 20 senior centers in 8 states.

Montanans receiving a service through a senior center are about the same average age as national participants. Montana has a higher percentage of non-minority and Native American participants than nationally and a slightly lower percentage of people who live alone.

MONTANA STATISTICS ON SENIOR CENTER PARTICIPANTS

AGE DATA OVER THE LAST 6 YEARS

- The statewide average age of all clients receiving an in-home service or a congregate meal is 75.1 years old.
- The statewide average age for all in-home services is about 77.5 years old.
- The average age of all home delivered meal participants is almost 77 years old.
- The average age of congregate meal participants is 74 years old.

2005 PARTICIPANTS RECEIVING A REGISTERED SERVICE BY AGE COHORT

- Less than 60 years of age - 5%
- Between 60 and 64 years of age - 9%
- Between 65 and 69 years of age - 14%
- Between 70 and 74 years of age - 15%
- Between 75 and 79 years of age - 20%
- Between 80 and 84 years of age - 18%
- Between 85 and 89 years of age - 12%
- Age 90 and older - 7%

PERCENTAGE OF TOTAL STATE AGING POPULATION SERVED

- At least 9% and 10% of the state's 60-74 population received either a home delivered or congregate meal from the Aging Network in each of the last six years.
- At least 21% and 22% of the state's 75-84 population received either a home delivered or congregate meal from the Aging Network in each of the last six years.
- At least 25% and 26% of the state's 85 and over population received either a home delivered or congregate meal from the Aging Network in each of the last six years.

GENDER DATA

- About 64.5% of all participants statewide are females.
- About 67.2% of all participants of in-home services statewide are females.
- The statewide percentage of male participants has been slowly increasing for all services and in-home services over the last six years.

- The average statewide age of female participants for all services is 76.5 years old.
- The average statewide age of male participants for all services is 75.2 years old.
- The average statewide age of female participants for all in-home services is 78.6 years old.
- The average statewide age of male participants for all in-home services is 76 years old.

RACE DATA OVER THE LAST 6 YEARS

- About 84.3% of all participants are non-minority (white).
- About 14.2% of all participants are Native Americans.
- The remaining 1.5% of participants are other races.
- Less than one percent of participants report that their ethnicity is Hispanic.

- The average age of non-minority participants is between 76.5 and 77.5 years.
- The average age of Native American participants is between 68.5 and 69.5 years.
- The average age of Hispanic participants has increased from 72 to 75 years.

LIVE ALONE STATUS

For **all clients**:

- 45% of all participants live in a one person household
- 50% live in a two person household
- 3% live in a three person household

For **in-home** service clients

- 55% live in single person household
- 39% live in a two person household
- 3% live in a three person household
- 75% of people living alone are women

For **congregate meal** clients:

- The percentage of congregate meal participants living alone has been steadily declining from 45% in 2000 to 41% in 2005
- The percentage of congregate meal participants living in a two person household has been steadily increasing from 50% in 2000 to 54% in 2005

RURAL STATUS

- 72% of all participants live in a rural area.
- 67% of all participants receiving an in-home service live in a rural area.
- 60% of all congregate meal participants live in a rural area.

POVERTY

For those participants reporting income and the number of people in the household:

- 18% of all participants receiving an in-home service or congregate meal were at or below the federal poverty level.

NATIONAL STATISTICS ON SENIOR CENTER USAGE [21]

DEMOGRAPHIC DATA

- Average age of participants was 75.2 years of age.
- 32.3% of participants were 80 years of age or older.
- 43.6% of participants were between 70-79 years of age.
- 24.1% of participants were between 55-69 years of age.
- 73% of all participants were females.

MARITAL STATUS

- 35.8% were married
- 37.1% were widowed
- 23.6% were divorced
- 3.6% were never married

RACE DATA

- 76.5% were Caucasian
- 11.0% were African American
- 6.1% were Native American
- 2.8% were Hispanic

LIVE ALONE STATUS

- 49.6% of participants live alone
- 33.4% live with a spouse
- 17% live with another person(s)

EDUCATION

- 9.9% of participants had an 8th grade education or less
- 11.5% of participants had between an 9th to 11th grade education
- 35.2% of participants completed high school
- 24.4% of participants had some college
- 19% of participants had a college graduate

SELF REPORTED HEALTH

- 25.9% of participants reported their health was excellent
- 50.6% of participants reported their health was good
- 20.9% of participants reported their health was fair
- 2.6% of participants reported their health was poor
- Mean number of chronic illnesses = 2.06

PARTICIPATION RATES

- Participants reported coming to their center for an average of 8.3 years.
  - ✶ 30.0% reported coming 1-3 years
  - ✶ 19.8% reported coming 4-6 years
  - ✶ 35.1% reported coming 7-15 years
  - ✶ 15.1% reported coming 15 + years

- Participants reported the following frequency of attendance at their centers:
  - 17.6% reported coming everyday
  - 45.6% reported coming 2-3 times a week
  - 31.5% reported coming weekly
  - 2.9% reported coming every other week
  - 2.4% reported coming monthly

- Participants reported spending an average of 3.3 hours per visit at the center

PSYCHOSOCIAL AFFECTS OF SENIOR CENTER PARTICIPATION

- How important is the center to participants
  - 66.7% ranked it very important
  - 30.6% ranked it somewhat important
  - 2.7% ranked it very/somewhat unimportant

- Not only do the vast majority of senior center users report that senior center programming has improved their mental and physical health, over 75% indicate that the center has helped them to remain independent.

- Participants report that they have formed strong bonds with those they have met at the center and receive emotional support through these friendships.
  - 91.4% report they made close friends at the center
  - 53.6% report they feel personally responsible for friends at the center.
  - 84.4% report they made friends at the center they could depend on when needed.
  - 48.8% report they confide in new center friends.
  - 86.9% report friends from the center provide emotional security.

- Frequency that participants report they provide assistance to friends at the center:
  - 22.3% - Pretty Often
  - 61.8% - Occasionally
  - 15.9% - Never

- Participants report the following level of reciprocal activities with friends from the center:
  - 70.6% report friends listen to your problems.
  - 67.1% report friends call you to check on your well-being.
  - 58.8% report friends give gifts to you.
  - 55.3% report friends console you when you are upset.
  - 43.5% report friends provide companionship.
  - 31.8% report friends help you make personal decisions.
  - 27.1% report friends provide care when you are ill.
  - 27.1% report friends prepare or provide meals for you.
  - 25.9% report friends provide transportation for you.
  - 23.5% report friends shop or run errands for you.

- 16.5% report friends give advice on financial matters.
- 14.1% report friends help with financial needs.
- 11.8% report friends fix things around the house.
- 9.4% report friends help complete household tasks.

FUTURE ISSUES FOR SENIOR CENTERS IN MONTANA

What will tomorrow's senior center look like? What types of services will centers need to offer to attract the next generation of seniors? What will centers need to do to ensure they can remain an economically viable service provider? Where will they find the manpower (especially volunteers) to provide needed services?

One issue senior centers won't have to contend with is a lack of potential customers. Between 2002 and 2030, the nation's 65 and over population will more than double, from 35.6 million to 71.5 million, which will mean that almost one in five people will be 65 or older.[22] In Montana, the 65 and over population will go from 125,000 in 2002 to about 270,000 by 2030, which will mean that one in every four Montanans will be 65 or older. Instead, the dilemma facing senior centers will be trying to meet multiple expectations: meeting the needs of an increasing number of frail elderly, providing services to active seniors and developing strategies and services to attract the growing number of baby boomers.

In addition to funding woes, space issues, etc., questions remain as to how centers can attract young seniors who can provide leadership and volunteer services while at the same time respond to the needs of frequent users, who are increasingly frail. It has also been suggested that the baby boom generation will not view old age in the same way as previous generations. The young-old of the future will more likely be in the 65-70 age category as many boomers will work into their 70s. This is evident by the fact that some 4 million Americans over the age of 65 are now seeking work to keep pace with the rise in health care costs and to replenish retirement nest eggs. The challenge of attracting seniors in their 50s and 60s will be even more difficult in the future, especially given the current image and lack of creative programming found in some senior centers. [23]

Senior centers are not the only group vying for the time and attention of the baby boomers. Marketing to baby boomers is becoming big business, especially given the demographics and the large amount of disposable income that the boomers have to spend. When some WalMart stores are offering bingo and free coffee at their snack bars as a way to attract seniors to their stores, competition will be stiff.

In the next five to 10 years, the following are the major sources of competition for senior centers:

- Assisted living and senior retirement communities;
- Community colleges and universities;
- Other community organizations and institutions, such as faith-based groups (churches, synagogues, mosques), hospitals offering volunteer and travel clubs, banks offering travel clubs and country clubs; and
- Adult programs offered through recreation and parks departments.[24]

One foreboding sign for senior centers is the decline of such organizations as the VFW and fraternal organizations. Many of these organizations have historically drawn on the same age group that participates at senior centers. They are currently having a hard time recruiting new members, just as many senior centers are experiencing.

BOOMERS SERVING BOOMERS[25]

With their sheer numbers and diverse lifestyles, the boomers offer center directors an unprecedented opportunity to reshape the image of today's senior centers into a dynamic, accessible and appealing community resource. The question is how?

When it comes to imagining what aging boomers will want from their local senior center, today's directors shouldn't have to work too hard. The fact is, most are boomers themselves. Of the Center Directors surveyed by the National Institute for Senior Centers in 2005, 73 percent were aged 40-59, and another 15 percent were aged 60-69. More than 80 percent of respondents are female, and 95 percent are white. More than half have served as director for less than 10 years, while a quarter have been on the job more than 15 years.[26] This perspective should help Center Directors in identifying areas of interests for baby boomers.

Many of the current Directors are already on the cutting edge and are shaping their services to meet the next generation of participants. Centers are becoming more aware of what centers of the future will need to be: multi-purpose centers, providing a wide range of programs for young, old, frail, active, retired and working seniors. They are adding fitness programs, exercise programs and equipment, preventive health programs, health screenings, travel opportunities and computer rooms. Many senior centers are offering retirement planning seminars that often include developing new skills for part-time employment. Additionally, some are offering programs to introduce new ways to improve health status, reduce health disparities, increase economic security, decrease caregiver stress, and increase the independence of older persons.[27] They are also offering a greater selection of intergenerational activities that ties them in with other age groups in the community. Others are actively collaborating with other community organizations such as universities to offer educational and recreational opportunities that seniors want.

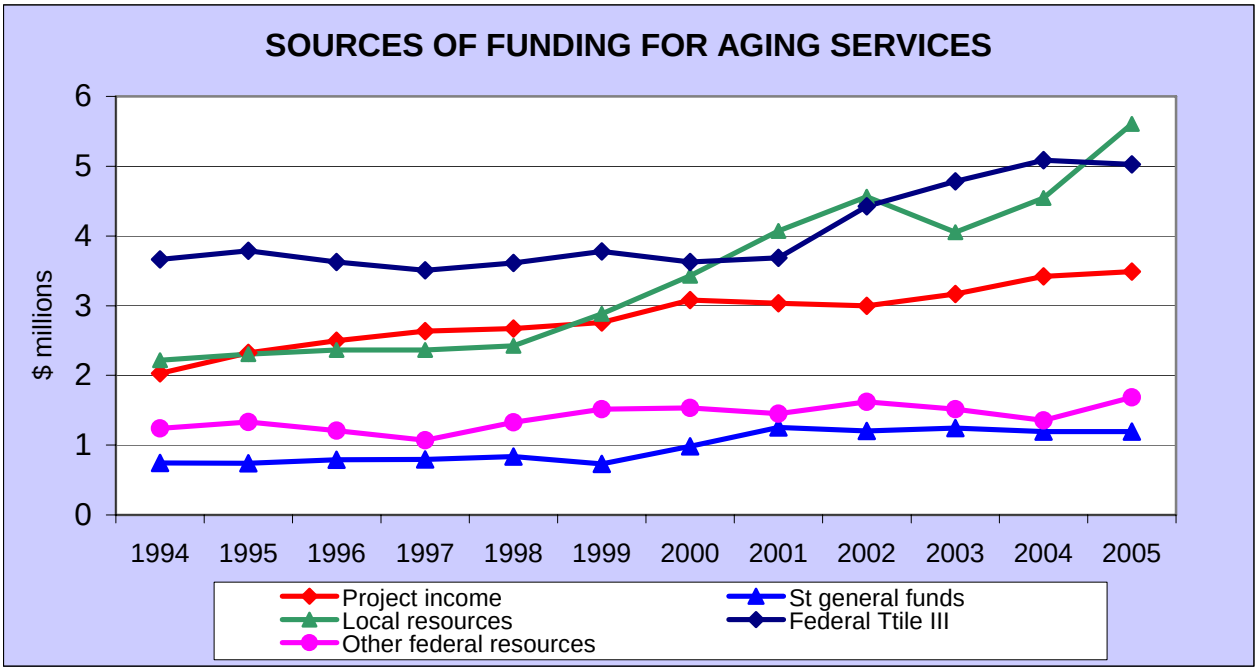
Senior center programs and operations must also adapt to the changing, more active life styles of today's (and tomorrow's) older adults. Such adaptation might involve extending evening and weekend center hours and programming; greater sensitivity to cultural preferences for mid-to-late afternoon main meals rather than strict adherence to noontime offerings; and an elective approach to program and activities planning, allowing more choices for those who prefer a more elective participation rather than spending all day at the center.

Centers must be "Vital Aging" centers that provide services and programming designed to enhance the capacity of all participants, foster personal growth, and meet the health screening and health education as well as "wellness" needs of participants.[28]

FINANCIAL TRENDS

The financial situation for each senior center is unique. The mix of funding sources, size of budgets, and type of local funds available to centers varies significantly from center to center. Funding sources have been changing over the last decade.

The chart below shows federal, state and local funding trends over the last twelve years. With the exception of local funding of aging services, most funding sources have been relatively static or have shown only modest increases.



The following are some general conclusions to be drawn about aging services funding, each with important implications for senior centers.

- Some senior centers rely heavily on limited sources for funds. Over reliance on just a few sources leaves centers vulnerable to political changes. Centers need to work to diversify their funding base as much as possible.[29]
- Reliance on state and federal dollars has been gradually decreasing. While most senior centers receive Older Americans Act funds, this funding stream has been relatively stagnant in the last twelve years, with the exception of advent of National Family Caregiver Support funding in 2001. State funding has been static with the exception of the provider rate increase and wage funding the Aging Network received during the 1999 biennium.
- The majority of senior centers receive some local funding. Local money for senior centers is critical and demonstrates the commitment communities have made to senior centers. The amount of local funding has steadily increased over the last twelve years. It has shown the greatest amount of increase of any funding source over that period. Local funding currently represents the largest

single source of funding for aging services statewide. A critical question for the future will be how much additional support will local governments be able to contribute to the operation of their local senior centers.

- Twenty five percent of centers reported they receive some of their funding from local levies. Funding from these levies is usually designated for general center operations. Some funding is targeted to specific services, usually to transportation.
- Project income has steadily increased over the twelve year period. Some of this increase can be attributed to increases in suggested client donations to keep up with increased operating costs. Also, some of the participants are realizing that without financial support, service levels could decrease or cease all together.

These overall financial trends point to the need to establish a stable statewide income source for aging services and senior centers to meet current and future needs. Before each legislative session, aging programs from around the state get together for an Aging Legislative Summit. Groups represented at the summits include the Montana Association of Area Agencies on Aging, the Governor's Advisory Council on Aging, AARP, the Montana Senior Citizens Association, local aging providers and retirement groups. Past summits have been concerned about having senior programs competing with children's programs and human services programs competing with education. One of the summit recommendations has been to pursue some form of statewide funding for aging services.

SENIOR CENTER CHALLENGES FOR THE 21ST CENTURY [30]

National Institute of Senior Centers (NISC) developed the following list of common challenges facing today's senior centers and some potential solutions.

ISSUE Overcoming public misconceptions about senior center programming and services typically offered. The perception still exists that bingo and congregate meals are the sole focus for senior center programming.

SOLUTION Developing marketing strategies to educate the public or other decision-makers on the value of senior centers and the wide array of health, nutritional, educational and social services offered through senior centers.

ISSUE Projecting a more professional image of senior centers, which reflects the complete range of comprehensive services and educational activities provided.

SOLUTION NISC has recently implemented a guideline of standards enabling centers to become accredited. Other states like North Carolina have developed state specific certification standards. Both these standards were largely developed for five day a week programs with paid staff. However, many of the concepts and professionalism they emphasize should be incorporated into the operation of smaller, rural centers.

ISSUE Providing strategies to promote and deliver more off-site programs and/or taking services to the senior adults.

SOLUTION Satellite programs are becoming more frequent with centers now operating in shopping malls, community centers, recreation centers and other non-traditional venues. If rural centers do not have the space or resources to provide a specific service at the center, they can form partnerships with other local agencies or businesses to deliver services (e.g., partnerships with clinics to deliver health screenings).

ISSUE Finding ways to refocus resources through the use of volunteers.

SOLUTION It is imperative that this country doesn't lose all the young-old baby boomers to gated retirement communities. Greater efforts must be made to attract the services of this highly educated group of potential volunteers and eventual uses of senior services.

ISSUE Recognizing the differences between urban and rural centers in programming and finding ways to enhance access to services in rural areas.

SOLUTION Centers are diverse, with some small centers unable to offer comprehensive programming, yet services are sorely needed. Centers need to be flexible, creative and be able to identify the interests of their participants and potential participants. They need to offer programs with interactive information systems and technology-based activities that boomers now use to gain time, pursue comfort, and achieve access.[31]

ISSUE Recognizing the need to establish strong leadership roles with other community organizations that serve seniors.

SOLUTION Senior centers must market themselves as the focal point for comprehensive services in the community to other agencies such as churches, social groups, and hospitals, which offer similar services in their communities. This can enhance the community standing of the centers. When they can not directly offer needed services, centers need to build coalitions with other providers to ensure the services are available (such as working with public health programs to offer health screening programs)

ISSUE Develop a more business approach to delivering services.

SOLUTION Wherever possible, centers need to look for opportunities where they can generate income for themselves. They need to offer valued services that consumers are willing to pay for. By doing this they can ensure viability and at the same time serve some clients who have limited resources.

CHANGING THE IMAGE OF YOUR SENIOR CENTER [32]

The overall goal of this plan suggests that a marketing strategy be developed that clearly defines who you are, and clarifies the public's perception of what you do. Senior centers need to project themselves as an active organization that is committed to life-long learning, provides social opportunities, contributes to its community and cares about the people it serves.

Personal achievement gained through travel programs, education programs, volunteer opportunities, and mentoring can provide satisfaction once gained through job challenges. Senior centers offer a variety of such programs. Nonetheless, the "senior center" image persists. The following suggested changes might be helpful in creating an image that better fits:

- Change the name of the Center (remove the word "Senior"). Possibly call your center a "Life Enrichment Center."
- Eliminate "senior" and "retired" and similar terms from promotional pieces.
- Accentuate educational, computer and fitness programs in promotional materials.
- Expand the number of these types of classes.
- Consider early evening computer tutoring.
- Recruit "young senior" instructors and tutors.
- Design a new program for men only and/or offer a poker night for men.
- Promote the center's diversity of programs. Let customers know that you cater to persons with a wide range of interests.
- Set aside time once a week for activities directed towards frail elderly people and enlist the help of volunteers to run the programs. This would help serve the needs of your elderly clientele and provide an enriching volunteer opportunity. Promote this as a "special needs" program separate from the center's menu of activities.
- Replace the Senior Services lunch with a cafeteria-style lunch featuring salads, soup and sandwiches. Add some tables for two and provide nostalgic background music for atmosphere. Use moveable partitions to create a more intimate setting for socializing. Decorate the dining room walls with nostalgic photos.
- Design promotional pieces that include active lifestyle photographs, including exercising, bicycling, tutoring, volunteering, etc.

- Offer at least one trip that includes challenging physical activities, such as hiking or bicycling, and that offers plenty of free time for travelers.

- Advertise two types of travel opportunities. Discourage travelers with mobility problems from signing up for extended trips. Instead continue to offer day trips especially designed for those that need assistance.

- Offer Turbo Tax classes that include tutoring assistance.

- Offer regularly scheduled classes in the early evening that focuses on money matters. Topics might include the impact of interest rates, discussions on mutual funds, balancing a portfolio, getting out of debt, buying versus leasing an automobile, etc.

- Evaluate the need for more parking spaces. Try to alleviate parking congestion through scheduling or off-site classes.

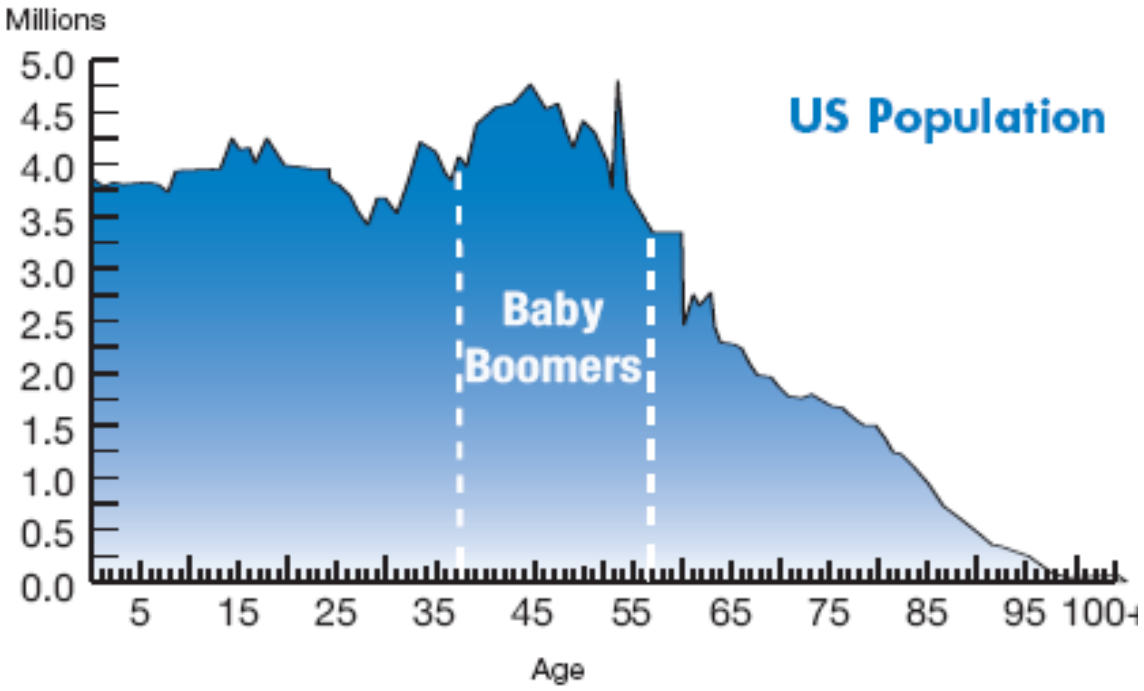
- Evaluate the current class offerings to determine if they need to be updated or replaced.

- Consider changing the names of support groups, such as “Widow/Widowers” with something that has a more positive connotation (such as “New Life Discovery”)

Finally, since change is often difficult, enlist the support of members, volunteers, and groups to help implement new programs.

FUTURE PARTICIPANTS AT SENIOR CENTERS

Starting in 2006, as the baby boomers turn 60 and become eligible for Older Americans Act services, there will be an escalating interest in meeting the needs of this crucial next generation of potential senior center users. By 2011, the baby boom generation will begin to turn 65, the traditional retirement age. In the next 30 years, twenty percent of the total population will be age 65 or older. The size of the older population will double to 70 million by 2030.[33] Additionally, the 85+ population is projected to increase from 4.7 million in 2003 to 9.6 million in 2030.[34] This group is the most vulnerable population that is currently being served through senior centers.



Baby boomers have defined every decade they have moved into over the last three decades. They refuse to age the same way their parents have. In fact, it can be said they have a schizophrenic attitude towards aging: they are both **age defying** and **age denying**. They do not want to consider themselves getting old and in the way or as "senior citizens." Civic Ventures, a think tank that specializes in boomer issues, crystallizes this thinking when it proclaims at their website:

60 is the new 40

Many Americans over 60 feel approximately two decades younger than their chronological age.[35] When they get to 80, will they feel like they are only 60? How will such attitudes affect participation in senior centers?

In addition to attitudinal issues, longevity issues will also come into play. In the last century, the average U.S. lifespan has grown by over 30 years. In 1900, the typical American lived to age 47; today it is age 78. Americans reaching age 65 today have an average life expectancy of an additional 17.9 years (19.2 years for females and 16.3 years for males) or six years longer than people age 65 in 1940.[36] The likelihood that an American who reaches the age of 65 will survive to the age of 90 has nearly doubled over the past 40 years - from just 14 percent of 65 year olds in 1960 to 25 percent at present. By 2050, 40 percent of 65 year olds are likely to reach age 90.

The next generation of retirees is projected to be the healthiest, best educated and most affluent generation in history. Their attitudes towards work and retirement also differ from the current participants of senior centers. Taken together, all these factors could have a substantial impact on the degree of involvement on the part of baby boomers in aging services. The following is some statistical information about each of these issues and they may impact future senior center usage.

WORK AND RETIREMENT

Baby boomers neither expect nor want to put their feet up and not work in the "retirement years." Increasingly, they view retirement as an active, engaged phase of life that includes work and public service. According to a 2002 survey conducted for Civic Ventures, 59 percent of baby boomers see retirement as "a time to be active and involved, to start new activities, and to set new goals." Just 24 percent see retirement as "a time to enjoy leisure activities and take a much deserved rest." Four out of five people over 50 say they will work in retirement, whether full time or part time, whether for money or enjoyment.[37]

The most common reasons given by pre-retirees for wanting to continue working in retirement were the desire to stay "mentally active" (87 percent) or "physically active" (85 percent), and the desire "to remain productive or useful" (77 percent). Slightly more than half of the pre-retirees (54 percent) indicated that their motivation was based on "a need for money."[38]

A full 50 percent pre-retirees are interested in taking jobs now and in retirement that help improve quality of life in their communities. Two out of the three types of work mentioned most often were employment opportunities in education and social services. However, pre-retirees planning to work in traditional retirement years will pursue second careers that provide income. But two other motivations are vitally important: 59 percent say staying involved with other people is very important in attracting them to a job in retirement; and 57 percent say it's very important that the job give them a sense of purpose.[39]

On the potentially positive side, the degree to which baby boomers interest in improving the quality of life in their communities or in working social services translates into an interest in aging issues and aging service could increase the likelihood of baby boomers becoming involved in senior centers. On the negative side, the desire to continue to

work and the need for income could adversely impact the ability of baby boomers to participate in senior center activities as well as their ability to volunteer at a center.

EDUCATION

Older adults today are far better educated than were past generations. In 1950, 18 percent of America's older population had finished high school. By 2000, 67 percent had completed high school. Current statistics show over 88 percent of baby boomers have completed high school. Likewise, those with a bachelor's degree increased from 4 percent in 1950 to almost 15 percent by 2000. About 29 percent of baby boomers have a bachelor's degree.[40]

Higher levels of education impact lifestyle choices, interests, and how long people choose to work. Research shows those better educated tend to be healthier longer and better off economically.[41] Senior centers may need to expand the social activities they offer to meet new interests and demands. They should be looking to increase travel opportunities through centers, links with educational institutions or other educational groups (such as Elder Hostel) and provide more targeted health education and promotion activities to attract baby boomers.

INCOME

Seniors today have more financial resources than did the generations that preceded them. The same is true for the baby boomers. Households headed by persons age 65 and older reported a median income in 2000 of $32,854. While one of every eight households headed by someone age 65 or older had incomes less than $15,000, nearly half (49.2 percent) had annual incomes of $35,000 or more, and nearly three in ten households (29.8 percent) have incomes greater than $50,000 per year.[42] Baby boomers age 45 to 54 currently have the highest average household income ($68,028 before taxes).[43]

Baby boomer households aged 50-62 represent 20 percent of American households and hold about 25 percent of the total debt. About 11 percent of them have declared bankruptcy at some point in their lives. As a result, some analysts have questioned whether baby boomers will have a comfortable retirement, and whether they will be able to pay back their obligations. The combination of extraordinary asset growth and historically low interest rates allowed households to increase their relative debt painlessly. The baby boomers as a group do not appear to have an immediate debt crisis. [44]

While baby boomers currently have larger annual incomes and net worth than previous generations, a number of factors (including a sobered stock market, deficit pressures, and corporate cutbacks) may be putting the retirement security of baby boomers at greater threat than at any time in a quarter century. The aggregate debt has nearly doubled in the last 12 years. An increasing number of companies are struggling to meet their retirement obligations to retirees. Social Security's long-term prospects are in question. Evidence is mounting that the two other pillars of retirement (private sector pensions and personal saving) are no longer

adequate to ensure that most Americans will have enough to live on when they retire. The number of Fortune 100 companies supplying fixed-rate pensions has dropped to 50 percent. As many as 40 percent of baby boomers have saved almost nothing for their retirement.[45]

Finally, the combination of rising out-of-pocket health care costs and sluggish wage growth threatens workers' ability to save for retirement. This is particularly true for older adults ages 50 to 64, or "baby boomers," whose per capita health care expenditures are more than twice those of younger adults. In addition, the continuing erosion of retiree health coverage in companies across the country means that health costs could claim an increasingly large share of older adults' savings after retirement[46]

Higher levels of income may allow boomers the freedom to be able to travel, pursue more varied interests and be more independent. However, many economic factors that could affect the future economic well-being of baby boomers could be beyond their control, making economic issues more difficult to project. Senior centers that are sensitive to the economic trends may be in a better position to attract seniors of the future.

HEALTH

The health of older Americans is improving with successive generations. Still, many are disabled and suffer from chronic conditions. The proportion with a disability fell significantly from 26.2 percent in 1982 to 19.7 percent in 1999. But 14 million people age 65 and older reported some level of disability in Census 2000, mostly linked to a high prevalence of chronic conditions such as heart disease or arthritis.[47] Fewer older Americans reported difficulty walking, climbing stairs, stooping, and reaching over one's head.[48]

This overall decrease in chronic disability is reflected in how older Americans feel about their health. In 1996, 72 percent of older Americans reported their health as good, very good, or excellent. Although positive reports of health status decline with age, still two-thirds of those 85 and older reported their health in the excellent or good categories.[49]

The incidence of chronic conditions increases dramatically with age, placing older adults at greater risk of incurring high medical costs than younger adults. Sixty-two percent of 50-to-64 year olds in working households reported they had at least one of six chronic conditions. High blood pressure, arthritis, and high cholesterol were the most common problems, with about 30 percent of respondents citing one of these conditions.[50] In coming decades, the sheer number of aging baby boomers will swell the number of elderly with disabilities and the need for services. These overwhelming numbers offset the slight reductions in the prevalence of disability among the elderly reported in recent years.[51]

While general health trends have been positive for baby boomers, the one negative trend is an increase in obesity. The percent of people 50 years of age or older who are overweight and obese has been increasing over the last decade. People who are

overweight and obese have higher risks for certain chronic illnesses, such as diabetes, heart disease, high blood pressure, osteoarthritis, and certain cancers.

According to the 2004 Behavioral Risk Factor Surveillance System conducted by the Centers for Disease Control and Prevention, 35.0 percent of the 50+ population was neither overweight nor obese. Among all people 50 years of age or older, the 75+ subgroup had the highest percent that were not overweight and not obese (46.3 percent), while the percents among the 50-to-64 and 65- to-74 age subgroups were lower by comparison (about one-third or less.)

The 50+ population overall has experienced a significant and disturbing drop in this indicator (from 39.7 percent to 35.0 percent) over the six-year period between 1998 and 2004). This finding is consistent with the Surgeon General's recent warning that overweight and obesity have reached epidemic proportions among the general population. Relatively large declines in this measure occurred across all ages in the past six years. The age 65-74 and 75+ subgroups showed a somewhat larger decline (5.2 and 5.9 percent respectively) than the "youngest" subgroup (4.4 percent).[52] Finally, the health conditions of other family members will affect baby boomers. Many baby boomers may be caregivers for their spouses, parents, or grandchildren, which could limit the time they have for outside activities (such as volunteering). Centers need to offer services such as information and assistance, resource materials and support groups to draw caregivers to centers.

Health education, screening and promotion activities are programs that senior centers can use to attract a health conscious baby boomer population. Health promotion activities need to be offered for differing levels of proficiency to attract wider range of people. Health screening, especially in more rural areas can be another drawing card for centers.

VOLUNTEERISM IN THE FUTURE

Projections for future volunteerism on the part of future senior citizens are difficult to predict. There has been a gradual decline in overall volunteerism. However, older adults tend to exhibit greater rates of volunteerism than other age groups.

- Nearly half of all Americans age 55 and over volunteered at least once in the past year. Even among those age 75 and older, 43 percent had volunteered at some point in the previous year.[53]

Older Adults as Volunteers	Age 55 to 64	Age 65 to 74	Age 75+
Percent of age group who volunteer	50.3 percent	46.6 percent	43.0 percent
Total number of volunteers	11.9 million	8.5 million	7.1 million
Ave weekly hours per volunteer	3.3 hours	3.6 hours	3.1 hours
Total time volunteered annually	4.8 billion hrs	1.6 billion hrs	1.1 billion hrs

- An overall increase in volunteering nationwide masks a big change. The increase is among older adults with more time, better health and stronger civic commitment than previous generations. Meanwhile volunteering has declined especially among younger women who once were home with children, and who were actively involved in their communities, and who are now working outside the home.

- Older volunteers devoted the most time to community activities - almost double the national median for all ages. Compared with the U.S. median commitment of 52 volunteer hours annually, those 65 and over contributed 96 hours.[54]

- Only 11 percent of 65 - 70 year olds and 9 percent of 50 - 55 year olds belong to volunteer organizations. They may be volunteering elsewhere, but they do not participate in organizations identified as "volunteer."[55]

- According to an Interest and Activity Survey conducted by the Ohio Department on Aging, 41 percent of those 50 - 55 are interested in volunteering.

- Most frequently, senior volunteers found out about their volunteering options through their religious institution. In fact, senior volunteers find out about their volunteer opportunities through their church more often than any other institution; almost three quarters of volunteers age 55 and over discovered volunteer possibilities through their church or synagogue. Membership organizations, places of employment, and other voluntary organizations are also places where seniors found out about volunteering.[56]

Participation of seniors in volunteering could be expanded substantially if more were asked to volunteer or were offered an incentive to serve. Just 17 percent of adults age 55 and over who were not directly asked to volunteer did volunteer on their own. Among those who were asked, however, 83 percent (or more than four times as many) volunteered.

Implications for senior centers are clear, especially given the crucial role volunteerism has played in the operation of centers. Changes in the level of volunteerism between the current generation of center users and the baby boomers could have the most significant impact on future operations of centers. As baby boomers enter our senior population, there may be fewer interested in volunteering - not just in senior centers, but in many other activities that currently rely on senior volunteers. The causes could be many: an increase in women entering the workforce and thus having less time to volunteer; baby boomers needing to work longer to make ends meet; family members becoming caregivers; or an increased desire for self gratification. The results could be less volunteering or waiting until they are much older before becoming interested in volunteering. Centers will have to develop new strategies in seeking out volunteers. They will also have to make sure that those who do volunteer have a successful experience that keeps them coming back.

EVERYTHING YOU EVER WANTED TO KNOW ABOUT BABY BOOMERS [57]

- 80 million boomers live in the United States
- 26.8% of Americans are boomers
- 32 million boomers are already age 50 or older
- 3.3 million boomers will turn 60 in 2006
- In 2030, boomers will make up about 20% of the total population
- in 2000, over 50% of baby boomers live in nine states: California, Texas, New York, Florida, Pennsylvania, Illinois, Ohio, Michigan and New Jersey
- At 30.7%, Montana has the 12th highest percentage of baby boomers
- 30% of boomers are obese
- 59% of boomers voted in the 2000 presidential election
- 88.8% of boomers completed high school
- 28.5% of boomers have a bachelor's degree or higher
- The estimated annual spending power of the boomers is more than $2 trillion
- The American boomer household spends about $45,000 each year
- Boomers age 45 to 54 have the highest average household income ($68,028 before taxes) and highest household spending ($50,101) of any age group
- People now in their 50s are predicted to work longer than prior generations; in 2012, more than 60% of men age 60 to 64 are projected to be in the workforce, up from about 54% in 1992.
- More than three-quarters of boomers expect to keep working past 65
- One-fourth of boomers do not think they will have enough money to retire. Male boomers (50%) are significantly more likely than females (34%) to think they will have enough money to live comfortably in retirement
- In 2000, the poverty rate for boomers was 7.3% (lower than any other segment of the population).
- Baby boomers have a higher divorce rate than prior generations: 14.2% of boomers are divorced, compared to 13.9% of people 55-64, and 6.7% of people 65 and older.
- The percentage of boomers who never married (12.6%) is significantly higher than prior generations: 5.2% of those 55-64; 3.9% of those 65+.

SUMMARY

Senior centers are at a crossroads. They are faced with a number of issues that could affect their future viability. These include: being able to meet the future demand for services, especially in-home services for their more vulnerable homebound clients; modifying their image and services to attract younger participants, like baby boomers; maintaining their volunteer base so they can continue to provide services; and addressing mounting financial pressures.

Centers are seeing their current participants age in place and need more intensive in-home services to remain independent and in their homes. However, as these participants become more homebound and stop coming to centers, centers will need to attract the next generation of participants. This is no simple task, since the successive age groups have a very different set of perceptions of aging and what it means to grow old than do the current centers participants. These age groups also have different perceptions of senior centers and senior services. However, the question for centers is, will these age groups modify their perceptions as they reach their 70's and 80's or will centers need to change their service delivery model to attract the baby boom seniors?

As the graying of America continues, changes in attitudes and policies toward aging will be necessary. Inherent in the aging of America is the absolute need for people to grow old with the highest levels of health, vitality and independence. For this to occur, the concept of health and well-being as it relates to the older segment of the population must include the ability to function effectively in society, to exercise self-reliance, and to achieve a high quality of life. Social policy related to the delivery of health care can no longer be construed in the traditional manner of medical care or illness management. Preventive programs common in senior centers will serve to empower the elderly and provide a key element in managing the tremendous demand of baby boomers on our health care system. This holistic framework of caring for the aging must be the senior center model for the 21st century.[58]

Senior centers of the 21st century have the potential to bring together a broad and varied program of services and activities that enable older persons to develop and maintain health-promoting activities.[59] Senior centers, like all others in the service delivery business, need to adjust their enterprises with new and improved methods and systems to address the issues (such as time, comfort, and access) embraced by the baby boomers. They must also adapt and refine their services to meet the needs of tomorrow's older generations.

Finally, senior centers must develop a more stable, secure funding base. Over the last five years, local funding has shared a disproportional burden in meeting the increasing cost of providing aging services. It is doubtful that this trend can continue. Additional

statewide funds sources need to be developed to ensure the long-term viability of the State's senior centers. The 1994 Legislative Council report on aging concluded that: "Given the present federal fiscal situation, it is logical to conclude that the bulk of the burden of providing additional or increased elder services will most likely fall on the state." This conclusion is just as relevant today for senior centers and the rest of the aging services delivery system as it was twelve years ago.

PROFILES OF SENIOR CENTERS

ABOUT THE SENIOR CENTER PROFILES

The following profiles were chosen from the 91 responses to the 2005 Senior Center Survey. They exemplify the different models of senior centers, the range of services being provided by senior centers, issues and challenges facing today's centers, and creative solutions centers are coming up with to meet current and future challenges.

At least one center from each Area Agency on Aging is represented in the profiles.

ABOUT THE STATISTICS

The statistical profiles for the senior centers come from data entered into the Montana Aging Services Tracking System (MASTS). They provide one way of comparing center operations.

Overall average age of current clients: This figure represents the average age for all clients receiving at least one registered service (i.e., personal care, homemaker, home chore, home delivered meals, adult day care, case management, congregate meals or assisted transportation) through a senior center during 2005. For registered services, the service provider is required to track services for each individual receiving the service. Note that all senior centers provide more than just registered services. However, centers are not required to enter non-registered service data for each participant. Some do enter data for individual clients but most don't. Thus, data reported here uses registered services for consistency.

Since meal programs are the largest programs in turns of the number of participants served and most participants who receive a meal partake in other services through the center, this average is fairly representative of all clients served by the center.

Total clients served in 2005: This figure represents an unduplicated count of all participants receiving at least one registered service through the center during 2005.

Total clients served in last 6 years: This figure represents an unduplicated count of all participants receiving at least one registered service thorough the center over the last 6 years.

2005 total home delivered meals served: Self explanatory

2005 total congregate meals: Self explanatory

Services offered: This list represents all the services provided directly by the center itself. Other providers may provide services to center participants though contractual relationships for efficiency sake or because the center is unable to provide the service. An example could be a nursing home providing home delivered meals for participants.

SMELTER CITY SENIOR CITIZENS CENTER, ANACONDA

Jo Lynn David/ Mickie Stone, Directors

Overall average age of current clients = 77.2
Total clients served in 2005 = 328
Total clients served in last 6 years = 585
2005 total home delivered meals served = 14,225
2005 total congregate meals served = 21,945
Services provided: Congregate meals, home delivered meals, homemaker, transportation, medical transportation, information and assistance, telephone reassurance, health screening, fitness and health promotion, social activities, durable medical equipment loans, caregiver support services, tax assistance preparation.

HISTORY
The original senior center started in 1973 in the basement of the Serbian Church. The center offered nutrition services, transportation and social activities. In 1977, the city was able to get federal funding to build a 10,000 square foot building specifically for senior services. The building was completed on St Patrick's Day, 1978. The city owns the current building and leases it to the senior center for $1 per year. The center is responsible for all maintenance and operational costs associated with maintaining the building.

The center has a seven member Board of Directors, composed mainly of elderly service recipients. The Board meets quarterly. They provide oversight and direction for the center's programming. The center has four paid staff: the two co-directors and two cooks. One of the co-directors concentrates on business management aspects and the other concentrates on center operations, including the meals programs.

HIGHLIGHTS
The center has been adding new programs over the last 5 -10 years to make it more of a focal point for senior services in the community. Health screenings (blood pressure and podiatrist services), medical transportation to Butte for doctors appointments and in town shopping trips have been added. Tax assistance and 55 Alive classes are now available through the center in conjunction with AARP. Social and recreational activities have increased. Finally, the center has added a second hand store that participants really enjoy donating to and shopping in. It has also provided some additional funds for center operations.

The level of client participation has seen a gradual increase over the last five years. New seniors are replacing those that have stopped coming.

In 2000 the center was successful in developing and getting voter approval of two separate 1 mill requests - one for transportation and one for senior activities. The total

mill amount is about $18,000. The mills must be voted on and approved every two years.

CHALLENGES

As the cost of heating, gas, food and other operational costs continue to escalate, the center is coming under increasing financial pressure. They have eliminated the part-time receptionist/ assistant position, reduced medical transportation trips to Butte from daily to twice a week and reduced in-town shopping transportation. The center recently raised their suggested meal donation from $2.50 to $3.00.

The original kitchen equipment is still in service after 27 years. It will need to be replaced soon. With budgets tight, the center may need to tap into saving or do some special fundraising to replace the equipment. Fundraising is difficult of late because the community is economically depressed and the center serves a lot of low-income participants.

Another specific area of concern is providing home delivered meals to clients outside the city limits. At the current time, the center is only able to offer a week's worth of frozen meals one time a week.

FUTURE DIRECTIONS

The center has made gradual progress in improving the services they are able to provide to its participants. However, because of fiscal constraints, the center and its Board are concerned about being able to maintain the current level of service. Further increases in operating costs due to continued escalation in heating, gas and food costs could result in further reductions in service.

BIG SANDY SENIOR CITIZENS CENTER

Doris Gasvoda, Director

Overall average age of clients = 76.5
Total clients served in 2005 = 142
Total clients served in last 6 years = 233
2005 total home delivered meals served = 2,736
2005 total congregate meals served = 9,100
Services provided: Congregate meals, home delivered meals, homemaker, home chore, medical transportation, information and assistance, State Health Insurance Assistance Program (SHIP), telephone reassurance, health screening, fitness and health promotion, respite, social activities

HISTORY
Seniors in Big Sandy started meeting a couple days a week for potluck meals at the Veteran's Club. Then, the current building was donated for a dollar and volunteers worked to fix it up. The senior center has been in its current location for about thirty years.

The organization is made up of eight Board Members. There are 5 staff members: a paid director and four hired cooks. The cooks all share a position that is about six hours a day. Each person selects a day to work according to their schedules.

HIGHLIGHTS
Many volunteers contribute their efforts to keep the center running. One 80-year-old member recently fixed the dead bolt and faucet and some ladies shampooed the carpet. Rather than hiring cleaning staff, the work is done through volunteers. Rides are also offered on a volunteer basis. The center has a sign up sheet for volunteers and anybody who signs up can participate in a weekly raffle to win donated items which might consist of a loaf of bread or a pie – or whatever is donated that week.

CHALLENGES
Funding is the primary concern for Big Sandy Senior Center. The cost of utilities is of specially concern. A recent utility bill was $660.00 and the costs are expected to increase even more. The building also needs maintenance.

The center is facing this challenge by holding fundraisers. They have a large fundraiser every month. Examples of fundraisers include suppers (3 to 4 times per year), Sunday brunches (2 times per year), and a band donates their talent a few times a year too. The center is also planning an auction and the auctioneer is donating his service free of charge. The center's director, Doris Gasvoda, acknowledges the community is

instrumental in helping the center meet increased costs by their participation in fundraising events.

Another way the center is meeting the funding challenges is through two grants. One is from the Lipper Claywriter Foundation. This grant "is the reason for staying open" and it is offered specifically in Choteau County. Another grant that has been very helpful is from the local Rotary.

Overall, the center's membership is staying about the same. Members are getting older and the general population of Big Sandy is getting older as well. As members get older, they are not doing as much and the center would like to see the participation of younger members. Seniors are moving to Big Sandy from out of state because the town has a hospital and other services to meet their needs in a less populated environment. Meals and socialization are the biggest draws to getting younger seniors to participate.

FUTURE DIRECTIONS

There has been a push to promote Big Sandy as a retirement community. Some people would like to see assisted living made available. The director has tried to get a Beehive Assisted Living home in the area. These are all viewed as possible situations of growth for both the community and the senior center.

BOZEMAN SENIOR CENTER

Judy Morrill, Executive Director

Overall average age of clients = 74.9
Total clients served in 2005 = 1,842
Total clients served in last 6 years = 5,043
2005 total home delivered meals served = 22,817
2005 total congregate meals served = 21,976

Services provided: Congregate meals, home delivered meals, legal assistance, information and assistance, State Health Insurance Assistance Program (SHIP), health screening, fitness and health promotion, foot clinics, caregiver support, durable medical equipment loans, tax preparation assistance, Reverse Annuity Mortgage counseling, social activities, Senior Companion program, Foster Grandparents program, Commodity Supplemental Food Program, Senior Farmers Market program, Child Learning Center

HISTORY

The Bozeman Senior Center was officially incorporated in 1967. It initially used space at a couple of locations in downtown Bozeman. During these early years the center had no nutrition programs. Home delivered meals were prepared out of a church. In 1979, the center leadership developed a city bond issue to fund a senior center building. With the assistance of MSU students, seniors went door to door to educate the community about their need and were successful in getting the bond issue passed overwhelmingly. Meals programs were started in the new location in 1979.

Over the years the center has done several renovations, remodeling and additions to the building to meet emerging participant interests and needs. During this time period, the center has raised over one million dollars to pay for the construction, renovation and additions to its building.

In 1979, when the current building was completed, the center had 700 members. They currently have grown to 1800 members. The Board of Directors is elected from the center membership. They serve three year terms. The center currently has a total of 17 employees. The center runs the nutrition programs at the four other senior centers in the county (Three Forks, Belgrade, Manhattan, and West Yellowstone). They employ the cooks at those centers as well as the cooks at their own center. The center also has a full-time Executive Director, Assistant Director and Office Manager.

HIGHLIGHTS

The center has developed an extensive exercise and fitness program to meet the diverse needs of its participants. They have a new exercise room designed specifically for seniors that is equipped with exercise equipment, offers a wide range of exercise and stretching classes, a hiking program with three levels of expertise and a walking program. This diversity has increased the ranges and age of participants.

The center recently opened and operates a Child Learning Center that serves 12 children and has a long waiting list. The Learning Center is well accepted by seniors coming to the center. Some seniors also volunteer in the Learning Center. It also provides the opportunity for a lot of formal and informal intergenerational interaction and programming. The Learning Center also generates income for the center.

Ongoing activities include bridge, canasta, chess, bingo, dances, sign language, watercolor and creative writing classes. The center also operates a carpentry shop. Participants pay a $5 fee for the year to use the program. The program is self-sufficient. Participants sell some of their projects so the program can buy new equipment.

The center provides about 20 planned trips annually for center participants. They range from 1 day bus trips around the state to 3-4 day trips out of state to 8-10 day trips to both national and international locations. The trips generate funds for other center activities.

The center has an active group of about 300 volunteers. The Second Hand Rose Thrift Shop in the center basement is the center's best ongoing fundraiser. An innovative fundraiser that volunteers have run for the past 3 years is a coffee and donut stand at the local rest stop on Interstate 90. The coffee and donuts are donated by local businesses, so there is no cost to the program. Motorists can donate money to the program. The program operates every Friday and Saturday from June to September.

CHALLENGES

The two biggest challenges the center has are both related to the growth and success of the center: there is currently a lack of parking around the center for participants and a shortage of building space, especially as the center continues to develop new programs. The center is working with the city and fair grounds board across the street to try to resolve the parking issues.

As meal costs increase, the center will need to raise the contribution rate for its meals. The center is now using other center funds to help subsidize the meals programs.

FUTURE DIRECTIONS

The center is looking to build on its many successful fundraising efforts to provide a more stable funding base for the center. The center currently sends out an annual fundraising letter to its members that provides them different giving options: contribute to either the Center Building fund, the Home Delivered Meals Fund, or the Endowment fund. The center feels this approach is a great way to raise funds and members expect the letter and make an annual gift.

The center established an Endowment Fund six years ago, which has become quite successful. The center uses the interest of the tax deductible Endowment Fund to provide funds for center programs. The Fund is currently providing several thousand dollars each year. The Endowment Fund has a separate board that makes decisions regarding the use of the interest from these funds.

BELMONT SENIOR CENTER, BUTTE

Nancy Gibson, Director

Overall average age of clients = 77.9
Total clients served in 2005 = 606
Total clients served in last 6 years = 1,280
2005 total home delivered meals served = 46,897
2005 total congregate meals served = 25,194
Services provided: Congregate meals, home delivered meals, transportation, medical transportation, homemaker, home chore, health screening, fitness and health promotion, respite, legal assistance, information and assistance, telephone reassurance, caregiver support, social activities, Commodity Supplemental Food program

HISTORY

The Butte Silver Bow County Council on Aging has been in existence about 20 years. They oversee the operations of the Belmont Senior Center. For the first 15 years of its existence, the Council and the center were located in a small room in the County Health Department office on Front Street. The program consisted of home delivered meals, congregate meals and a homemaker program.

Five years ago, the county received a state Community Development Block Grant (CDBG) grant to renovate a former mine hoist house into the current senior center. The increased space allowed the Council to substantially increase the programming they could offer.

The Council has an 11 member board that provides direction on programming and operational issues. The Board has a mixture of senior citizens and community providers who serve the senior population. The majority of members on the board are senior citizens. The Board meets on a monthly basis. The Council has 25 employees: 5 full-time employees and 20 part-time employees (including drivers, homemaker and home chore workers and cooks).

The Council receives two mill levies: a full mill worth about $6,300 per month for center operations; and a half mill for transportation. The mill has not increased since 1987.

HIGHLIGHTS

The center is a very busy place. They provide lots of activities: they have a ceramics class, creative writing class, and host a support group. Through a partnership with Montana Tech, they have a weekly nursing clinic using nursing students who do a variety of health screenings. They also offer a foot clinic twice a week.

The Council provides a great deal of transportation services to seniors. They currently operate two buses. They provide transportation to medical appointments, twice weekly transportation for shopping, and daily transportation to the senior center. With the new TransAid requirements to develop a consolidated County Transportation Improvement Plan for local transportation funded through state and federal funds, the Council is working with a citywide group to consolidate and coordinate its transportation services with other groups in town.

CHALLENGES

The home delivered meals program has seen continued, gradual growth. It currently serves almost twice as many meals as the congregate meals program. Until recently, the Council was providing home delivered meals on a 7 day a week basis. All home delivered meals clients are required to have a doctor's statement of need to receive the service. The Council finally had to discontinue weekend service because of costs. They continue to scrutinize the program because of its growth.

The Council lost some of its homemaker and home chore workers last year, which resulted in a decrease in their ability to provide these services. When this occurred, the Council decided to revise how they provided the two services. They implemented a sliding fee schedule for the services to make them more economically self-sufficient. They currently are charging either $5 or $10 per hour, based on income.

FUTURE DIRECTIONS

With the continual growth of programming and an increased number of people using the center, the Council is looking to renovate the garage area of the center into an activity area. They are looking at pursuing grants, fundraising and/or getting a loan to do the renovation. They hope to accomplish the renovation by the end of the year.

Once they are able to increase the center's available space, the Council hopes to continue its efforts to expand its social and recreational activities and host community groups and functions so the center can increase its ability to serve as a focal point for senior services in the community.

To increase client contributions for services, the Council has undertaken an education program to inform clients about the importance contributions play in the Council's ability to provide services at the current level and to maintain program quality. This approach has shown positive results over the last year.

CHOTEAU SENIOR CITIZENS CENTER

Betty Wilson, Director

Overall average age of clients = 76
Total clients served in 2005 = 108
Total clients served in last 6 years = 285
2005 total home delivered meals served = 2,138
2005 total congregate meals served = 5,972
Services provided: Congregate meals, home delivered meals, home chore, transportation, information and assistance, telephone reassurance, health screening, fitness and health promotion, social activities, durable medical equipment loans

HISTORY

The Choteau Senior Citizens Center has been in its current building for 26 years. Prior to that, the center rented a building. Volunteers worked hard to build the center and a loan was taken out to purchase the current building.

The center has a board of directors and one paid staff.

HIGHLIGHTS

The center has a variety of different ways it raises money for the operation of the center. Funds from Aging Services keep the center going. The center operates a thrift store in the basement. The store relies on donations from the community and the income "helps keep our head above water". The center also recycles and sells greeting cards for extra income.

Five volunteers work to deliver home meals. There is a different volunteer each day of the week.

The center offers Bingo. There are card parties every other Saturday. There are birthday dinners and potlucks are held once a month on the third Sunday. Also, people come and play the piano and organ before dinner and sometimes after lunch.

Exercise girls are everyday from 8:00 to 9:00 AM. Blood pressure clinics are held once a month.

CHALLENGES

The center is experiencing problems attracting volunteers. The Boomers just don't think they are old enough to volunteer at the center. Many of the older members who founded the center and kept it going for so many years are not able to help anymore.

Another challenge facing the center is an outdated kitchen. The center is seeking funds for a new kitchen range. The board recently got a new President and it is hoped that funding needs for the outdated kitchen will be addressed.

FUTURE DIRECTIONS

The center and its board are focusing on ways to increase participation in the center. At one point, the center had over 100 members. As members have aged, many have either moved to the local retirement center or passed away. There are currently about 80 members. The center is trying to make its services more known to the community. Printing menus in the local paper has helped draw some people in. The center also realizes the importance of the home delivered meals program and is concerned about the viability in the future.

NORTH VALLEY SENIOR CITIZENS INC., COLUMBIA FALLS

Gladys Shay, President

No site specific service data available
Services provided: Congregate meals, home delivered meals, social activities, tax preparation assistance

HISTORY
The North Valley Senior Citizens Center in Columbia Falls has been in its present location for 27 years. Prior to that, the building was a furniture warehouse. Seniors began meeting at local café, then the county was given $50,000 to purchase the current building. It was partially burned in a fire at one point and was re-built.

North Valley Senior Citizens, Inc. was incorporated through the State of Montana May 1, 1978. It has held non-profit status through 501 (c)3 since Dec. 17, 1986. As a corporation there is a President, Vice President, Secretary, Treasurer and five Board Directors meeting monthly in charge of the business. Volunteers serve noon meals Mondays through Fridays at the senior Center. They also deliver Meals on Wheels and rotate with Whitefish volunteers getting food prepared at the Agency on Aging kitchen in Kalispell for noon meals. The two employees are a Manager and Assistant Manager. The incorporation is responsible for financing utilities, insurance, maintenance and repairs at the county-owned building.

HIGHLIGHTS
Overall, the center is BUSY!! The Jammers play music, there is exercise, line dancing, card parties, crafts, and rummage sales. Troubadours sing at nursing homes throughout the valley. There is tax assistance, help with Medicare Part D, blood pressure readings, and toenail clinics. A Red Hat party was attended by 52 ladies and Costco provided dessert. In November, a Lutefisk dinner served 105 people! A Thanksgiving dinner, Christmas party, and New Year's party were well attended. Members also participated in AARP's 55 Alive drive safely sessions. Informative sessions regarding benefits through the Social Security and Medicare Part D were sponsored and well attended.

Many people came to a meeting regarding Eagle Transit where they heard speaker Kyle Kosman with LSC Transportation Consultants. The topic of transportation was important to members and many people spoke up at the meeting regarding Eagle Transit. About ten years ago, the county owned a bus for transportation. Now, Eagle Transit is owned and operated through Flathead County for all citizens. There are new buses with county employees to operate them throughout the valley. The buses are also equipped with wheelchair lifts.

CHALLENGES
Many Montana senior centers are experiencing increases in operating costs. North Valley Senior Center is seeking solutions to meeting these costs in many ways. For example, the center has switched to budget billing with Northwestern Energy. They have also applied for a grant to Northwestern Energy to insulate the center and as mentioned earlier, volunteers insulated the garage.

One reason for decreasing membership has been the deaths of longtime members. The center is currently focusing on ways to attract new members. Parties and events seem to be working to bring new people to the center. There are currently about 100 members. Membership is $10.00 per year. The center is also seeing attendance at the noon meal “building a bit”.

FUTURE DIRECTIONS
Overall, the center expects to see an increase in interest, memberships, and services offered “as soon as people find out we’re not a bunch of dead heads!”

It seems the most important concern for seniors is the high cost of prescription medicines. Their desire would be to lower actual costs of the prescriptions – not just attempting to help pay for them.

PARKVIEW CENTER, INC., CUT BANK

Kathy Johnson, Project Director

Overall average age of clients = 78.1
Total clients served in 2005 = 225
Total clients served in last 6 years = 519
2005 total home delivered meals served = 3,919
2005 total congregate meals served = 7,011
Services provided: Congregate meals, home delivered meals, homemaker, transportation, medical transportation, information and assistance, State Health Insurance Assistance Program SHIP, telephone reassurance, health screening, fitness and health promotion, respite, social activities, tax preparation assistance

HISTORY
The Parkview Senior Center was first opened by a few individuals in February 1973 in a small building in downtown Cut Bank. In December 1978, a new building was completed with funds from an EDA grant obtained by the Glacier County Commissioners. Later, the center broke away from the county to become an independent, non-profit senior center.

The center is overseen by a Board of Directors that includes a county commissioner and community members. Hired staff includes a project director, cook, bus driver, homemaker, and meals director/kitchen helper. There are also a handful of volunteers that contribute time to the center. Most tend to be in their late 60's to 70's because most younger seniors are still working and many older seniors are passing away or moving away. The project director believes more people would volunteer if they were called to help, but it is hard to ask for help.

HIGHLIGHTS
The center has a strong home delivered meals program that continues to grow. There are many who could not remain in their homes without this program. The meal delivery bus driver knows many of the seniors personally and she invites them to participate in this valuable program. The driver is described as "very giving" and is concerned about the seniors in her community. On one occasion during meal deliveries, she saved a gentleman who had fallen asleep with his stove on. The curtains had caught fire and she was able to get him out of his home in time to save his life.

In addition to home delivered meals, the center serves congregate meals Monday through Friday. The center also offers homemaker services. This service is used by as many clients as the budget will allow. The center offers many social activities and there are many opportunities for health and wellness services. Health and wellness services include blood pressure screenings, flu-shots, foot care clinics, visits by the Hearing Aid

Institute once per month, and once a year, students from I-Pharm offer cholesterol, blood sugar, and thyroid screenings.

CHALLENGES

The center is facing challenges due to budgets being cut every year. The costs of utilities, insurance, and food continue to increase. These financial challenges are being addressed by doing more fundraising. The center had a fundraiser the first weekend of December that raised $4000. They had a bizarre, raffle, soup and bread, and bake sale all in one day. Also, once a month in the winter they offer soup, bread and dessert for $5 per person. The hospital and local churches provide 14 crock-pots of soup and dessert and the center provides the bread. This generally earns between $500 and $600 of income each time it is offered. The Project Director of the center also says that they are lucky in Cut Bank because some major donors have made it possible for them to keep up on repairs and maintenance. For example, one donor gave $5000 to purchase a new stove.

FUTURE DIRECTIONS

The center would like to offer more transportation and homemaker services to seniors. The current bus is old and there is talk about the community getting a bus service. Ideally, the center would like to get their own van with a wheelchair ramp and be able to hire staff to take seniors to Great Falls a few times per month.

In order for the center to move into the future, there will need to be ways to attract younger seniors who do not currently participate in services. Most of these younger seniors still work, making a noon meal inconvenient for their schedules. One solution might be to offer evening meals as well as more activities in the evenings. The center is also considering offering fitness and exercise opportunities in an effort to attract younger seniors to the center. For example, an exercise room with weights and machines and classes such as yoga might appeal to them. Overall, the center hopes to see more funding made available to help make these kinds of changes.

GLENDIVE SENIOR CITIZENS CENTER

Myrna Sadorf, Center Director

Overall average age of clients = 77.6
Total clients served in 2005 = 236
Total clients served in last 6 years = 434
2005 total congregate meals served = 6,661
Services provided: Congregate meals, information and assistance, telephone reassurance, health screening, fitness and health promotion, social activities, durable medical equipment loans, tax preparation assistance

HISTORY

On February 2, 1971 some local senior citizens met in the basement of the Congregational Church and organized the first Senior Citizens group. There were 50 or more in attendance. Several from Baker, Sidney and Miles City helped get the group organized. They called themselves the Glendive 55 Plus Club, Inc. Even though they had no regular meeting place, the club kept growing. Because the club was growing very fast, they eventually decided to develop a charter and by-laws in order to apply for a grant to raise money for equipment. Meetings were held in the Congregational Church, sometimes in the Methodist fireside room, and the basement of the Moose Lodge. Dawson County then rented them the Prospect Heights School (Little Red Schoolhouse). Finally, they had to start planning for their own location.

Through the efforts of Chris Kampschror, Glenn Manthey, Walter DeVries, Joe Berres (and many others), and the Dawson County Commissioners the location at 323 East Barry was purchased (it was an old grocery store). Many hours of hard work were put into the building to make it useable. Many donated cash for paint, lumber, etc. Others donated furnishings for the building. In August 1974 they moved into the building and the Grand Opening was held October 27th, 1974. The Glendive Senior Citizens Center has been at this location for 31 years. The 55 Plus Club has continued to be a viable source of help, whether it's fundraising or helping to maintain the building. They also help purchase supplies and help buy big items for the center that cannot be provided with the center's budget. When the roof needed repairing, the 55 Club paid for it. They also helped buy an office computer, kitchen equipment, and paid for an add-on.

Paid positions at the center include a fulltime director and cook. Dawson County provides 1 1/2 mills, which is split by the Glendive Center, Richey Center and the RSVP office. The County also provides some funds to meet match state and federal funds. The center has to do fundraising to supplement its budget. Each year they have to fundraise more money because the value of the mill goes down each year. The Glendive community is very supportive of fundraising efforts.

HIGHLIGHTS

The Glendive Senior Citizens Center is a place to meet your friends (old and new), play cards, bingo, pool, and just enjoy yourself. All activities are open to anyone age 55 and older. The center is open Monday thru Friday from 8:00 a.m. until 4:00 p.m. There are no membership fees. The center has gone from having the congregate meals contracted to hiring a full-time cook 35 hours a week and cooking the meal on site 5 days a week. Other activities include dancing, potlucks, movies, trips, scheduled speakers, pool playing, jig saw puzzles, card tournaments, and exercise. The center tries to provide activities that keep people entertained and busy. Activities and special events are included in a weekly news article that is printed in Sunday's Ranger Review.

CHALLENGES

One challenge facing the center is being able to offer a broader range of activities that would interest Baby Boomers. With limited space in the current location, it is difficult to have more than one activity going at one time. The center has also focused a lot on keeping the elderly in their own homes through its home delivered meals program and housekeeping. Even though that focus is very important, it will also be important to focus on getting the Baby Boomers interested in coming to senior centers or the center will risk fading away.

There are also plans to name the center something else besides a "Senior Citizens Center" to attract people younger than 80 years old to participate in activities. The director just does not know if the Baby Boomers want to sit around senior centers playing cards all day and thinks something different needs to be offered for them.

FUTURE DIRECTIONS

To better meet the needs of seniors, a new center is currently being built. Many efforts made this possible. The center got a Community Development Block Grant (on the second try), $3,000 came from a Montana Dakota Utilities grant, and $25,000 from a grant from the Steel-Reese Foundation. Dawson County gave some matching funds and individuals pledged and donated.

To contribute to the new building, many fundraisers were held, including Pie Day, garage sales, and a teddy bear dinner and auction. Because the center does so much fundraising, volunteers built a booth at the Fairgrounds. Glendive Coca Cola and the Dawson 100 Club gave them money to buy materials and build the booth. During the fair, volunteers sell fry bread and this year roast beef & BBQ roast beef sandwiches and Japanese Noodles were added to the menu. They were a big hit.

The plan is to move into the new center in the spring of 2006. The new center will provide more room for programming and activities and be a location for different clubs to meet. Hopefully, more people will attend and the center can attract younger retired people. The home delivered meals program will be prepared at the new center (offering home-cooked meals versus hospital food).

GREAT FALLS SENIOR CENTER

Bob Meyers, Center Administrator

Overall average age of current clients = 72.6
Total clients served in 2005 = 258
Total clients served in last 6 years = 716
2005 total congregate meals served = 6,630
2005 total meals served by Center = 16,000
Services provided: Congregate meals, personal care, information and assistance, telephone reassurance, health screening, fitness and health promotion, social activities, durable medical equipment loans, tax preparation assistance

HISTORY
The senior center was established in 1968 by Opportunities Inc. Opportunities Inc. ran the center until the mid 1970's when passage of the Older Americans Act provided structure and funding for senior centers. In 1976, Cascade County acquired a commercial property in downtown Great Falls that has served as the home of the center since that time. Over the years, the center has renovated and updated much of the building and purchased adjacent park facilities to increase parking access for its clientele.

The center has an 11 member Board of Directors that is elected from its membership of over 1,000 members. They are active in the governance of the facility and its operations. The center employs six staff members: a Center Administrator, a custodian, 2 cooks, and 2 part-time fitness instructors.

HIGHLIGHTS
The center is one of the few senior centers that is open seven days a week. It offers breakfast and lunch seven days a week. It also offers an evening meal on Thursday nights that is well attended. The restaurant is open to the general public. On Monday through Thursday, the center also serves as a congregate meal site through the Area VIII Agency on Aging. On those days, people have the choice of a congregate meal or the a la carte menu from the center restaurant.

The center is increasingly being used for community events and as a place for groups to meet. The center also hosts a monthly bazaar, where people and groups can purchase a table and sell the good or products. Other groups using the center are a knitting club, woodcarving club and a Bible club. The center also serves as a Commodity Supplemental Food Program distribution site. The Neighborhood Watch Program is also located in the center.

Exercise programs are offered four days a week. The center hired two local fitness instructors to conduct a variety of aerobics and fitness classes at the center. The center offers a computer room with free Internet access. As need arises, the center offers instructional classes for participants using volunteers from various organizations.

The center enjoys a lot of community support from businesses, banks, clubs, etc. It publishes a monthly newsletter that is distributed to 1100 people and organizations. They are trying to resurrect planned tours that the center used to offer.

The center is fortunate to have lots of volunteer help. The local RSVP Program is located in the center, so they have a close working relationship. The center currently has 90 regular volunteers that contribute 155 hours a week to the overall operation of the center.

CHALLENGES

The two major challenges facing the center are attracting younger participants and being able to maintain services in the face of federal, state and county funding cuts.

As governmental funding decreases, the center has pursued other funding alternatives. The center has been largely unsuccessful in writing grants to get funding. They used to have more Experience Works workers that assisted with the operation of the center. Since the requirements for the program have changed, the center now only has one worker.

FUTURE DIRECTIONS

The center is looking for ways to change the image and perception of the center so it can attract additional people, both older and baby boomer participants. They plan to continue expanding their multi-use concept allowing more of the general public to use and experience their building and services. They plan to continue to be customer friendly toward the public. The center is also in the process of displaying new posters and brochures all over Great Falls sites to publicize their services. Finally, the center plans to continue to expand their catering business to increase revenues and to increase the visibility of the facility.

The center is looking to continue to purse ways to become more financially secure. They will continue to work on grant writing to help achieve some financial security. They also have set a goal of trying to double their membership which will bring in much needed new income.

HAMILTON SENIOR CENTER

James Walker, President

Overall average age of clients = 76.7
Total clients served in 2005 = 258
Total clients served in last 6 years = 931
2005 total home delivered meals served = 1,162
2005 total congregate meals served = 5,633
Services provided: Congregate meals, information and assistance, health screening, fitness and health promotion, social activities, tax preparation assistance

HISTORY

The Hamilton Senior Center was incorporated in July 1991. The center used space in the Courthouse to meet. However, their space in the Courthouse was needed for a new jail center in the future. In order to continue programs for seniors funded by the Older Americans Act, a group of individuals formed the corporation membership and started work to build or locate a suitable structure for a senior center. Two grant applications failed. Then, in March 1993 the center learned that the Jehovah Witness Church at 820 North Fourth Street was for sale. With funds raised by a community-wide finance campaign, a grant from the City of Hamilton, a grant from the Council on Aging, and a low-cost loan from Ravalli County Bank, the $83,000 price was met and the deal closed in early 1993.

Senior center crews converted a Sunday school room into a kitchen during April, May, and June and the Council on Aging's nutrition program was operational on July 12, 1993. In 1996, after two years of planning, construction began on a 45-foot by 65-foot addition to the east end of the building. The addition houses a large dance floor, a refrigeration room, food storeroom, two bathrooms, a cloakroom, a satellite kitchen, and a chair and table storeroom.

The center is made up of a Board of Directors, hired staff, volunteers, and membership. The Secretary, Receptionist, Treasurer and Rental Agent are all volunteers. Volunteers also maintain the building inside and out. There is one paid cook who works with seven volunteer helpers. Noon lunches are served Monday, Wednesday, and Friday each week and about 500-600 meals are served per month.

HIGHLIGHTS

The center offers many activities, including Bingo, Pinochle, Bridge, Clogging, line dancing, square dancing, exercise class, pancake breakfasts, and flea markets. The center is also used for weddings, receptions, and gun shows at a very modest cost to renters. The Gun Show operator said he has "no problem renting display tables to vendors in Hamilton because of hospitality and great food".

There are about 375 members and dues are $10.00 per year. Out of the total membership, about 30 are actively involved in the center's operation and maintenance

each month. These volunteers are mostly the same and volunteers are getting older and harder to find. Younger seniors are not participating.

CHALLENGES

Overall the center "is doing pretty good". A big concern is the increased cost of utilities. Efforts are made to turn thermostats down and older electrical equipment is being replaced. For example, part of the refrigeration system has already been replaced and there are plans to replace the other part. Membership is staying fairly stable and the center will try to have booths at the Ravalli County Fair and local community meetings to work to increase membership.

FUTURE DIRECTION

In 2005, the non-profit center raised $1,307. Grants are few and far between. Recently, the will of a former member left the center with $27,100. The center also appreciates funding from the County Council on Aging. In addition, the University of Montana, School of Business donated four fairly new Compaq computers that replaced older computers that had been purchased with a grant many years ago. A Volunteer Instructor holds two 20-hour computer lessons during the months of September to May.

NORTH CENTRAL SENIOR CENTER, HAVRE

Evelyn Havskjold, Director

Overall average age of current clients = 75.8
Total clients served in 2005 = 414
Total clients served in last 6 years = 779
2005 total home delivered meals served = 14,244
2005 total congregate meals served = 73,173

Services provided: Congregate meals, home delivered meals, transportation, Medicaid Waiver case management, Personal Care Attendant program, RSVP, information and assistance, State Health Insurance Assistance Program (SHIP), legal assistance, homemaker, health screening, respite, fitness and health promotion, social activities, Reverse Annuity Mortgage counseling, durable medical equipment loans, telephone reassurance

HISTORY
The senior center started out in a Methodist parsonage in 1969. One of the original services was home delivered meals. The center would heat bricks and place them in a box to keep the meals warm. A local car dealership would loan the center a car to deliver meals. After a short period the center rented, then eventually purchased their current building. They have received grants to expand and renovate their current location. The center still employs the original Center Director, Evelyn Havskjold.

The services provided by the center have grown over the years as the needs of the elders in the county have grown. The center has worked hard to establish itself as a one stop, focal point for elder services in the community. As people are living longer and remaining in their homes longer, the number of elders seeking services from the center has increased. The center has also worked hard to develop services to meet the varying needs of elders who have differing functioning levels, not just those who are able bodied. Finally, as services have become more complex, a more professional staff is required to meet the needs of elders seeking services.

The center has had tremendous community support over the years. It also has enjoyed great support from the County Commissioners. In addition to the county mill, the County provides administrative support to the center that makes a big difference. Finally, the center has a great group of volunteers that help it to function on a daily basis. The center currently has 24 paid staff. All are county employees. Four staff are full time employees and the rest part time.

HIGHLIGHTS
The center has developed a very successful Medicaid Waiver program and Personal Care Assistant program that services Medicaid as well as private pay clients. This has

helped bring in additional income for the center. The center also provides meals to the prisoners at the county jail. This program has grown to the point that the center is now serving 50-70 meals a day to the jail in addition to the normal congregate and home delivered meals program for elders.

CHALLENGES

Major challenges include expanding services to stay viable, avoid waiting lists for services and keep the center doors open, especially with the recent increases in utility, gas, food and personnel costs. At the same time, client contributions for meal and transportation programs have declined recently, further straining budgets. The center recently dropped the Friday congregate meal due to fiscal constraints and low usage on Fridays.

FUTURE DIRECTIONS

As the cost of doing business keeps going up, outstripping the funds and client contributions that come in, the center is trying to think outside the box and be creative to survive. Their current motto is; “Hang on and make all the right moves to survive.” The center is also seeing an increasing number of middle income people with high insurance and medical expenses that don’t leave them much funds to purchase needed services. The center is struggling to assist them meet their needs.

There is a shortage of assisted living beds in town. The center would like to develop additional assisted living units in the old hospital to meet demand for this service. The center’s wellness program has been a success and they want to expand it in the future to meet current and future needs. The center is trying to broaden its scope of services beyond the elderly population to become more of a Community Center.

HEART BUTTE SENIOR CENTER

Carmen Marceau, Director

Overall average age of clients = 67.4
Total clients served in 2005 = 97
Total clients served in last 6 years = 182
2005 total home delivered meals served = 12,801
2005 total congregate meals served = 6,257
Services provided: Congregate meals, home delivered meals, information and assistance, telephone reassurance, caregiver support, social activities, Commodity Supplemental Food Program, American Indian Relief Program

HISTORY
The Heart Butte Senior Center is one of the oldest established senior centers in the state. It has been at the same location since 1967. A Jesuit priest, Father Mahlman, started the original senior center program. The senior center building also served as a community center until a new Community Center was built several years ago.

The center has one full time employee (the Director) and four part-time employees who each work 6 hours a week. The center also currently has an Experience Works worker who works in the kitchen.

HIGHLIGHTS
Meal programs are the major service provided by the center. Home delivered meals are the heart of the center's programming. Many of the Elders served by the center do not have vehicles or have a hard time paying for gas. As a result, the center serves on average two to four times as many home delivered meals as congregate meals. Since the vast majority of their participants are low-income, the center's meal programs represent a significant amount of the dietary intake of its participants.

The center receives quarterly shipments of clothing, toiletries, household sundries and food from the American Indian Relief program out of Rapid City, South Dakota. The goods are distributed to Elders in the area. This is an invaluable program to many of the Elders on the reservation. The Relief Program also provides the center with much needed food for use in its meals programs.

In the summer, the center works with a youth program in Browning to identify Elders who need assistance with home repairs and maintenance, and home chores (such as wood chopping).

CHALLENGES

The center faces some unique challenges. The nearest gas station is in Browning, about 30 miles away, for a round trip of 60 miles just to fill up with gas. Since home delivered meals is the major program provided by the center, transportation costs represent a significant amount of the center's operational budgets. The center's main vehicle is a 1996 minivan with about 200,000 miles on it. In addition to delivering meals, the vehicle is used to deliver the Commodity Supplemental Food Program monthly boxes of food to 36 low-income Elders. Because of funding constraints, the center has had to reduce the number of rides it provides to the local clinics.

Last March, the center faced closure for 3 months due to lack of funding. The center was affected by rising food, gas and utility costs. The Tribe stepped in with an infusion of funds to keep the program open for the remainder of the state fiscal year.

FUTURE DIRECTIONS

The biggest goal of the center is to get a new building to house the center. Efforts have been ongoing for several years. The Tribal Council has approved the center's request for a new building and placed their request on the priority list for funding. They have met all the requirements to get a new building. They are currently working with the Tribal Housing Department to secure funding for the project.

The Blackfeet Reservation is located in two counties: Glacier County and Pondera County. The Eagle Shield Senior Center in Browning receives some funding through Glacier County. The Heart Butte Senior Center is attempting to receive some funding from Pondera County to supplement its budget.

MELSTONE SENIOR CENTER

Hester Jacobs, Director

Overall average age of clients = 71.3
Total clients served in 2005 = 37
Total clients served in last 6 years = 60
2005 total home delivered meals served = 928
2005 total congregate meals served = 1,464
Services provided: Congregate meals, home delivered meals, social activities, tax preparation assistance

HISTORY

Melstone Senior Citizens group was started when Father Dwyer, on the board of the Musselshell County Council on Aging, asked Cleora Russell if the Senior Citizens of Melstone would be interested in a hot meal once per week. Barbara Nelson, a teacher's wife and assistant cook at the school agreed to run the program and was able to get the school cafeteria for a place to cook and serve the meal. The meals were served on Wednesday at 6 P.M. The first meal was served on Valentine's Day in 1979.

In the spring of 1979, the meals were moved to the Melstone Fire Hall and were served Tuesday nights. On October 7th, 1980 the new M & M Club was formed as all members were from Melstone and Musselshell as part of a charter group of the Montana Senior Citizens Association. Then, in 1987, the Latter Day Saints deeded their building to the town of Melstone for $10 to cover the cost of paperwork. The first senior citizens meal was served in the new Community Center on April 28th, 1987. Clara Mae Speck served as cook and manager until 1991 when Rose Anderson took over for one year. Flossie Eike served as cook and Manager until November 2005. The program is currently seeking funding from the Musselshell County Council on Aging to hire a cook. Previous cooks have all been volunteers. Currently Hester Jacobs is in charge of the program and cooking the meals, which are still served on Tuesday night at 6 P.M.

The current organizational structure is made up of a Club President, Vice President, and Secretary/Treasurer. The Club President coordinates with Area II for commodities and is also a member of the Musselshell County Council on Aging (MCCOA) Board. Retired Seniors Volunteer Program (RSVP) provides volunteer support and insurance and the President coordinates these efforts also. The Club currently pays $25 per week for rent at the Community Center, which MCCOA offsets with $1000 per year. They also receive donations and memorials.

HIGHLIGHTS

The senior center in this small rural town offers several services and programs. The center is run totally by volunteers. There is pinochle every other Tuesday and bingo

has started up again on the other Tuesdays. Commodities are now delivered to the Senior Citizens program because there is finally room to store them. The Area II Agency on Aging representative comes down once a month to talk about new senior issues - especially Medicare Part D. The center always delivers meals to sick members and they are currently trying to expand that program to include seniors who don't attend on a regular basis. The center offers Tax Aide - a program that provides free tax assistance to low and middle income and disabled individuals with special emphasis on senior citizens age 60 and older. A nurse used to come to the center once or twice a month for a morning and members miss that service.

CHALLENGES

The center is facing the challenge of having a gap in the generations with a dwindling group of seniors over 70 and no "freshman class" coming in to keep the program going. Another challenge is getting volunteers for any number of different programs that affect the senior citizen population. Also the center is not currently able to find a volunteer to take on the roll of cooking and running the senior program in Melstone & Musselshell.

FUTURE DIRECTIONS

The center plans to hire a cook, but this will require an increase in the price of meals to help cover the cost. This will solve the problem of not being able to find a volunteer cook and it will also provide some additional income to a member of the community. The center is also hoping to run Bingo for the community in order to raise funds and encourage new membership in the senior citizens group.

In the future, the senior center expects to continue as a once a week social gathering for a hot meal and they would like to start a regular meal delivery program. In addition the center would like to expand attendance. According to Hester Jacobs, "Seniors, especially in the rural towns of Melstone and Musselshell, need a time to gather and socialize as well as get a well balanced meal. With many of the seniors still living on ranches in the surrounding area, this dinner provides a reason to drive to town in the evening and catch up in person with their peers".

SHELBY SENIOR CENTER

Liz Schwenke, Director

Overall average age of current clients = 73.3 years
Total clients served in 2005 = 272
Total clients served in last 6 years = 482
2005 total home delivered meals served = 8,223
2005 total congregate meals served = 10,576
Services provided: Congregate meals, home delivered meals, personal care, homemaker, transportation, medical transportation, telephone reassurance, health screening, fitness and health promotion, respite, caregiver support, social activities, tax preparation assistance, Reverse Annuity Mortgage counseling

HISTORY

In December 1972 a group of seven families got together to form a Senior Citizens Club called Tumbleweeds. They paid the Toole County Building Association $250.00 a month in rent and they went to local supper clubs for meals. The current building opened its doors in March 1982. The senior center began as a Senior Citizen Club with about ten members. Now, more than 100 people use the center.

The center is governed by a board consists of nine Board members (including one Commissioner and the Director). It has four paid staff. There are a dozen or so volunteers who fill in where they are needed, serving as greeters and helping with activities and events.

HIGHLIGHTS

Great food and socialization are the main reasons for participation at the center. Also, the center is beautiful and well maintained with the capacity to hold 250 people. The number of meals served from the center has increased over the past fourteen years. The number of congregate meals served has increased from about 800 meals to a current number of between 1100 and 1200 meals. Also, home-delivered meals have increased from about 25 to 40 per day.

CHALLENGES

One of the current challenges facing the center is the need for a new van. The center currently has one van that cannot meet the demands of delivering home meals and transporting seniors to Great Falls. As a result, the center has had to turn people away. The Director is currently in the process of trying to obtain grant funds to purchase another van.

The need for home chore services has also increased. The center has hired an additional staff member to meet these demands. Respite services are also being included with home chore services in order to help seniors stay in their home. The individual seniors are still healthy, but increased services are required to help them maintain their independence.

Another way the center is meeting the increased demand for services is due to staff being able to function in a variety of roles. For example, a staff member who provides respite care also helps with cooking and the center's director is also the cook.

FUTURE DIRECTIONS

There are about 6 or 7 senior members who are over age 90 who still participate in the center's activities. Efforts are being made to get younger seniors involved. Some of those efforts include card and bingo nights that involve cash prizes. (The center makes some money too). The center hosted a free Christmas dinner to both thank participants and to introduce new people to the center. Also, the center is working to provide speakers from the community and other entertainment. Events and activities are advertised mainly in the newspaper. Radio and word of mouth gets the news out too.

CENTERVILLE SENIOR CENTER, STOCKETT

Joan Yatsko, President

Overall average age of clients = 71.2
Total clients served in 2005 = 74
Total clients served in last 6 years = 244
2005 total home delivered meals served = 263
2005 total congregate meals served = 2,095
Services provided: Congregate meals, home delivered meals, health screening, social activities

HISTORY

The Centerville Senior Center started when a group of seniors began meeting at the Catholic Church. This continued for many years until the center opened its current doors in 1981. The center owns its building. In addition to serving people from the towns of Stockett, Centerville and Sand Coulee, the center also serves people who travel from Great Falls, Belt, Prairie, and Sun River.

The center has a six member Board that governs its operations. The center has three hired staff - a cook, cleaning person, and a dishwasher. There are also three high school students who volunteer at the center to get community service experience for college.

HIGHLIGHTS

There are over 80 paid members who belong to the center. However, only about 25-30 members show up for meals. Also, take-out meals vary between 7 and 10, depending on the menu. The center is losing some older seniors, but members who cannot make it to the center are still maintaining their memberships. Memberships are currently $5.00 per year. Overall, there are “not many men”.

The center serves meals twice a week. Some members stay after the meals to participate in card games.

CHALLENGES

The biggest challenge facing Centerville Senior Center is attracting the participation of younger members. Membership has been declining over the last two years, as older members have more difficulty coming to the center.

Several efforts have been made to attract new members. For example, the center has put on free lunches to try and get new people to come to the center. They also host a monthly breakfast for the community at large that has been a big success. Finally, they have Bingo nights and card parties to try to draw new people to the center. The card

parties have brought in about 60-70 participants. In addition, the center hosted a prime rib Christmas party that attracted about 60 people.

Another challenge that is related to participation levels is declining participation in the meals program. There needs to be at least 15 participants for meals in order to keep the cook. Center menus are posted at the Post Office and other public places to try to attract participants.

FUTURE DIRECTIONS

The center and its board are seeking ways to attract new and younger members and keep the center a viable place for people to come. The center is trying to develop more health and fitness programs to attract new members. In hopes of attracting a younger clientele, the center also purchased some exercise equipment. The response from younger seniors is that they will attend “one of these days.”

THOMPSON FALLS SENIOR CENTER

Don Burrell. President

Overall average age of clients = 71.2
Total clients served in 2005 = 285
Total clients served in last 6 years = 340
2005 total home delivered meals served = 2,776
2005 total congregate meals served = 5,680
Services provided: Congregate meals, home delivered meals, transportation, health screening, fitness and health promotion, social activities

HISTORY

The community came together about 10 years ago to establish a senior center. They built a new center through grants and loans. For the first few years of its existence, the center received Older Americans Act funding for its programs. After a while the Board decided they wanted to forgo the funding and its regulations and operate independently. They did this for about 5-6 years. However, about 2003, the Board decided to start taking federal funding again because it was difficult to operate programs without the funds, especially in the meal programs.

The Senior Center Board manages the center. The center currently has five part time employees: a site director, two cooks, a bus driver and a maintenance man.

HIGHLIGHTS

The center provides home delivered meals seven days a week. On Friday, frozen weekend meals are delivered along with the regular Friday meal. Meals are delivered up to five miles outside town. Volunteer drivers deliver the meals. They receive a flat $7 stipend to deliver the meals to cover the cost of gas. Home delivered meals have been declining as elders move to the nursing home.

Congregate meals are served two days a week: at noon on Tuesdays and at 5 PM on Thursdays. The evening meal usually has higher attendance.

The center is rented out to community groups.

CHALLENGES

The biggest challenge the senior center faces is maintaining its bus. The bus operates two days a week. It is used to transport people to the center, to do local shopping and to take people to medical appointments in Missoula. Increases in fuel costs have had a substantial impact. The center has already gone through its transportation budget in the first 6 months of the year. If donations do not increase, the center is looking at having to cut back in its transportation services.

FUTURE DIRECTIONS

The center hopes to continue to grow and is always looking for new ideas to implement to attract new seniors. They are also looking to generate additional dollars to offset the rising cost of gas, utilities, food, personnel and operating costs.

WEST YELLOWSTONE SENIOR CENTER, INC.

Pierre Martineau, Chairman, Board of Directors

Overall average age of clients = 67
Total clients served in 2005 = 92
Total clients served in last 6 years = 192
2005 total home delivered meals served = 480
2005 total congregate meals served = 1,894

Services provided: Congregate meals, home delivered meals, information and assistance, health screening, fitness and health promotion, social activities

HISTORY

The West Yellowstone Senior Center is seeing some awesome changes! The center began in 1997 with space in the lobby of the local movie theatre with 10 or so members. As one might expect, programs, services, and participation were limited by the lack of space. Recently, the center moved to Trapper's Restaurant in the Days Inn where 40-50 members can fit comfortably. There is a new cook and membership keeps growing. It's even got windows!

The center is governed by a six member board. There is currently no hired staff. About half a dozen volunteers are actively involved with keeping the center running.

HIGHLIGHTS

The West Yellowstone Senior Center is partnering with the Recreation Department of the City of West Yellowstone to build a new senior center (shown at the left). The building should be finished by November 2006. This partnership will allow for the sharing of building and operating costs.

With the new location, the center is expected to grow even more. The new center will have a "first class kitchen", a big lobby, increased seating, and a fireplace area. There will be seating for about 100 people in the restaurant part.

CHALLENGES

This center is unique because membership changes seasonally as seniors work in Yellowstone Park during the summer and then go south in the winter months.

Membership used to drop into the teens in the winter, but now it is in the 30's. The center has never advertised for members due to lack of space to serve them. Membership has always grown just by word of mouth.

Because the center has lacked a permanent location of its own, it has been difficult to develop many programs and social activities.

FUTURE DIRECTIONS

Plans for membership growth include contacting nearby trailer parks that are made up mostly of senior citizens to make them aware of the center's services and to encourage them to participate.

Once in the new building, the center is looking to increase its services to include more social activities, computers, exercise programs, crafts and hobbies, and more after-hours events. The center will also be looking to hire staff to provide these services.

MEAGHER COUNTY SENIOR CENTER, WHITE SULPHUR SPRINGS

Beth Hunt, Director

Overall average age of clients = 75.7
Total clients served in 2005 = 162
Total clients served in last 6 years = 277
2005 total home delivered meals served = 1,669
2005 total congregate meals served = 9,434
Services provided: Congregate meals, home delivered meals, information and assistance, medical transportation, fitness and health promotion, social activities, telephone reassurance, durable medical equipment loans, Community Supplemental Food Program

HISTORY

The formation of the senior center started in 1972. By 1974, congregate meal service started. The center employed a Green Thumb worker to assist in the operation of the meal program.

Ten years ago, the center applied and was successful in getting a Community Development Block Grant (CDBG) grant for the construction of their current building. The CDBG grant application included space for a preschool, which was identified as a community need by the center Board. The center rents space to the preschool, which is a combination private business and Head Start program.

An eight member Board of Directors governs the senior center. They meet on a monthly basis. The Board has a shared vision of community planning and has been instrumental in the center's efforts to apply for and secure funding that will make the center stable into the future. The Board currently has established committees to work on housing and transportation issues. The committees have Board members and community representation. The center employs a full time Director, full time cook and a permanent part time dining room supervisor.

HIGHLIGHTS

The center has been very successful over the years in its grant writing and fundraising efforts to build a secure financial foundation for the center. The center has drawn on the expertise of its County Commissioners, City Manager, and the Human Resource Development Councils in Helena and Bozeman to develop the grant proposals. In 2004 they completely paid of the loans on the senior center building. In 2002 they raised $8000 to install a new walk-in freezer. They recently paid to have sideways put in around the center through a Jail and Bail fundraiser. Finally, in 2004, the center was one of ten senior centers across the state to successfully apply for and receive a grant from Northwestern Energy and the National Center for Appropriate Technology to install solar panels at the center to reduce energy costs.

With the presence of a preschool in the center building, the center does a lot of intergenerational programming. The Play & Grow preschoolers participate in the senior center exercise programs 3 times a week. When the center has entertainment for the holidays the preschool is invited to listen in and often put on their own short program for the seniors. As part of an outreach effort, the center is working with the local high school business class to develop a brochure and website for the center.

For a number of years the Hospital put on a local health fair. Several years ago they discontinued it. This year the center agreed to organize the Health Fair, seeing the need to promote community resources and programs. It grew to the point that the center was not large enough to host the event. As a result, the Chamber of Commerce took over hosting the event with the help of the Senior Volunteers. The Health Fair is planned to be held at the High School in April.

The center provides space for the Chamber of Commerce's and the American Legion's monthly meetings. The center is also a member of the Chamber.

CHALLENGES

Meagher County was recently cited as the county having the lowest average wage of any county in the United States. Additionally, being located in a small, rural county somewhat limits the senior center's funding base. However, the center is doing an exemplary job to overcome these issues and provide funding for programs through their grant writing and fundraising efforts, the leadership of their staff and Board of Directors and strong community involvement.

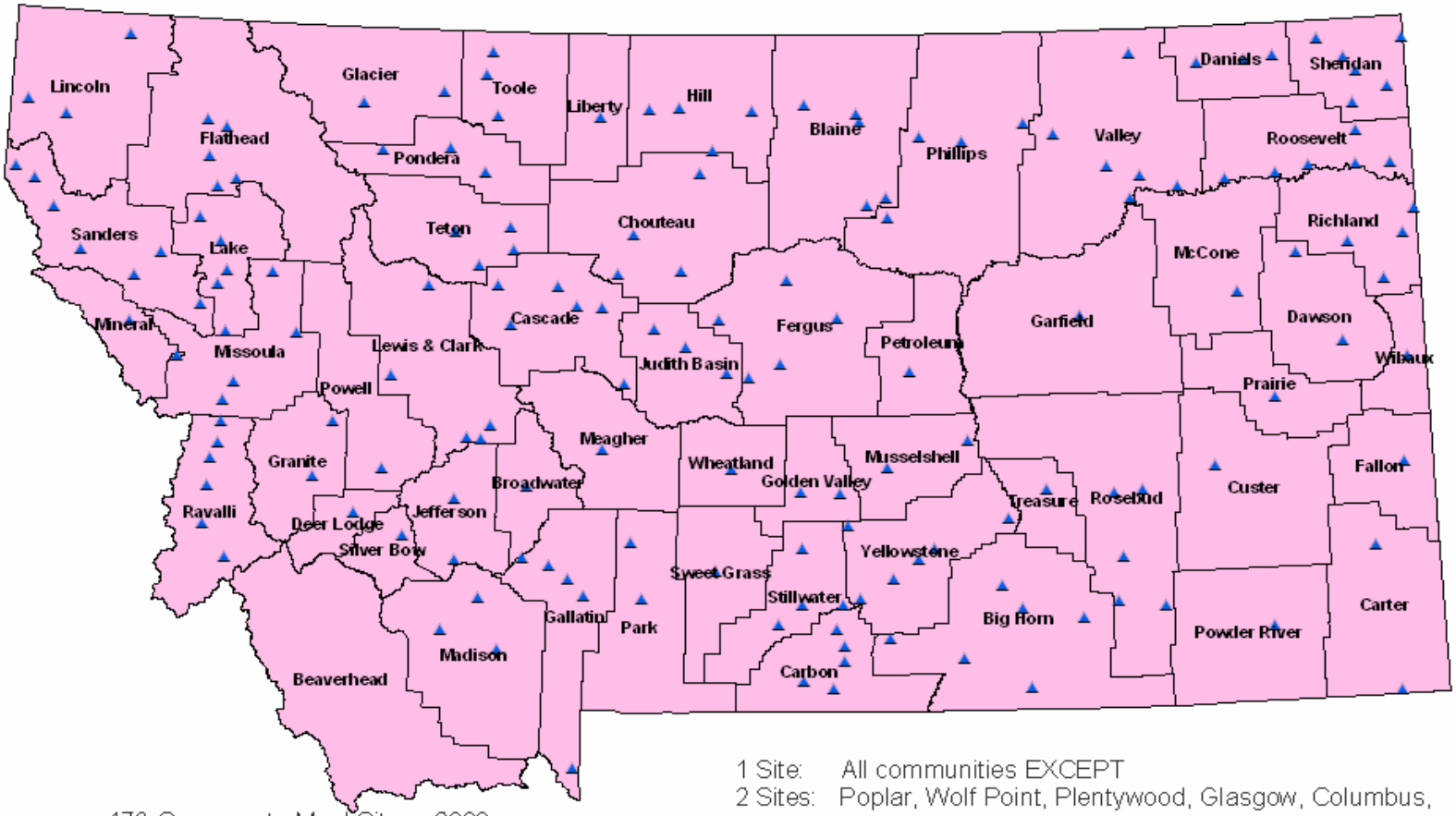
As the result of declining state and federal funding, the center has had to increase the contribution rate for its meals from $2.50 to $3.50 over the last five years. During the same time period there has been a gradual decline in the number of meals served. To address this issue the center is working on a Free Preview Dinner Campaign during Older Americans Month in May.

FUTURE DIRECTIONS

With decreases in governmental funding and rising operating costs, the center and its Board are looking to diversify into other areas. Given the economic realities of the area, the center is pursuing both housing and transportation grants. In 2004, they began the planning process to address both areas. To date, they have been successful in obtaining a $12,000 planning grant for a housing project. With the grant, they have purchased land and hired an architect to develop plans for the project. They are currently pursuing grants to fund the construction of the housing units.

The center is also pursuing funding for local transportation for two reasons: to get people from the housing project, which is on the other side of town, to the center; and to provide general transportation for seniors. The center has applied to two transportation grants: one to fund the purchase of a vehicle and one to fund its operations. They are also applying to the Montana Community Foundation for funds to help meet the matching requirements.

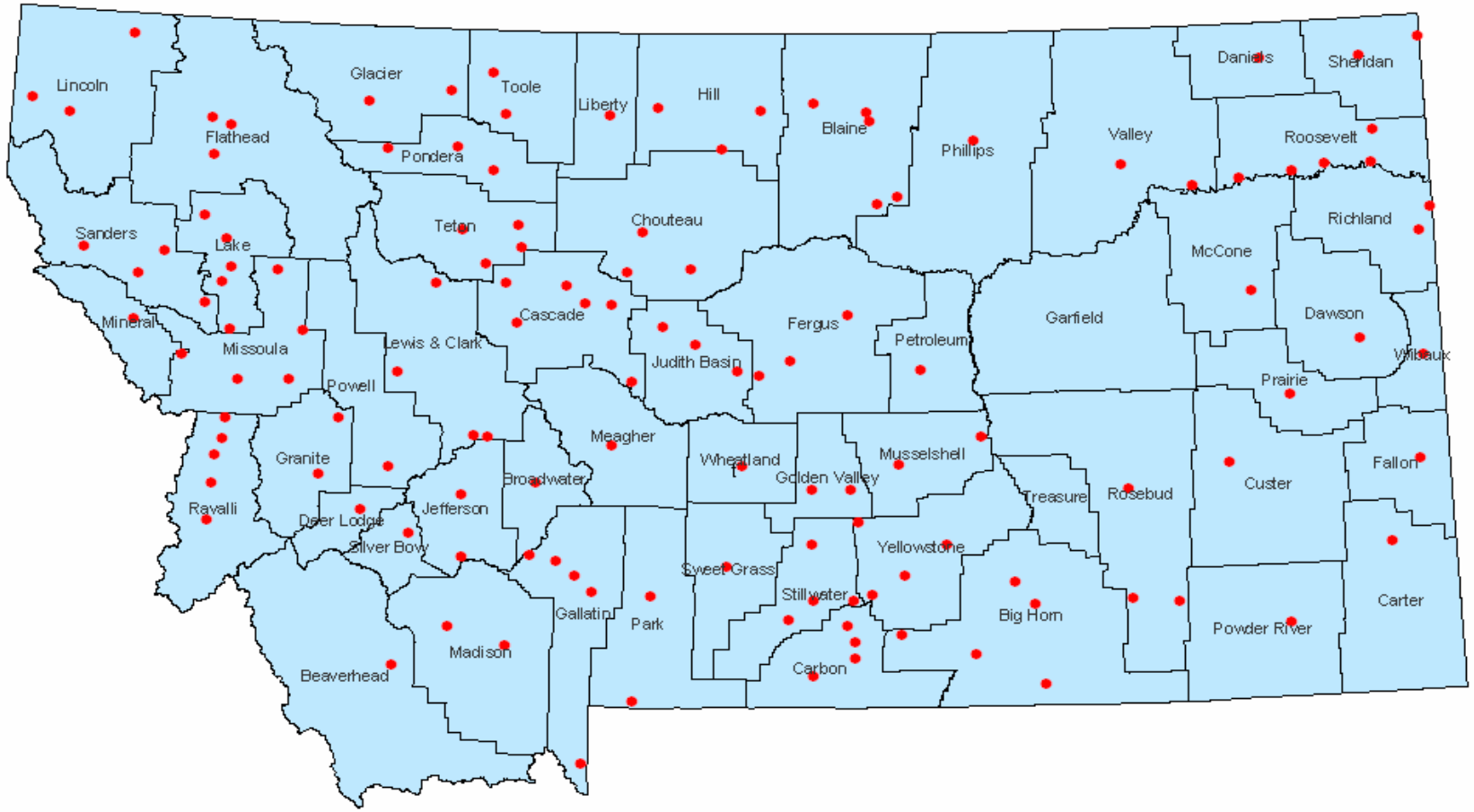
Congregate Meals 2006



173 Congregate Meal Sites 2006
Statistics provided by Area Agencies on Aging
April 2006
MapCongregate2006.mxd

1 Site: All communities EXCEPT
2 Sites: Poplar, Wolf Point, Plentywood, Glasgow, Columbus, Big Timber, Fort Benton, Conrad, Helena, Arlee, Polson, Ronan, St. Ignatius, Hot Springs, Kalispell
3 Sites: Missoula
5 Sites: Billings

Home Delivered Meals 2006



Area Agencies on Aging provided statistics
April, 2006
MapHDM2006

Red dots represent 137 communities providing
Home Delivered Meals to the Elderly .

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